TO HOSPIZ TO FUNEX

VR A1S (4) 1SM 9/59

5529

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05520

1. PLACE OF DEATH d. COUNTY DO	rchester		MARYLA	AND	o. STATE	NCE (Where decease	ed lived. If institution b. COUNTY	on: Residence Wicomi	before odmi	ssion)
b. CITY OR TOWN (RURAL and give n	If outside corporate limits earest town)	s, write	c. LENGTH OF STAY IN				orote limits, write R			vn)
	mbridge		lyr 9mo 7da	ays	Ma	rdela Spr	ings			
d. NAME OF HOSPI	TAL (If not in haspital, gi	ve street o	oddress)		d. STREET ADI	DRESS	1	170-	e. IS RI	A FARM?
	tern Shore	State	Hospital				4	SV.		NO TO
NAME OF DECEASED	Firs	_	Middle		Last	4. DATE OF DEATE	Mon	th	Day	Yeor
(Type or print)	Richar		Swain		Andrew	s,Sr, DEATH	110	V	8	19 6]
. SEX		7. MARRI WIDOWE	ED NEVER MARRIED		. DATE OF BIRTH	. 22 202	9. AGE (In years lost birthday)		YEAR IF UNI	
Male	10177.00	-		-	Decembe:		9 81 yrs.	10 01717	500 05 000 14 7	Se un izen
during most of wor	ON (Give kind of work di king life, even if retired)	ane 10b, 1	KIND OF BUSINESS OR	INDUST	RY 11, BIRTHPLAC	.t (State or foreign	country)	112. CITIZ	EN OF WHAT	
anning Hou	se Operator		-		Mary	land			U.S.A.	
B. FATHER'S NAME	*				14. MOTHER'S M	AIDEN NAME				
Albin Andr	ews				Susa	n Andrews				
. WAS DECEASED EVE	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17, INF	ORMANT		Add	ress		
No	(If yes, give war or dates of se	rviciij	-	RE	CORDS:	Eastern S	hore Stat	e Hosp	ital	
	ATH Enter only one cou	se per lin	e for (a), (b), and (c).]						INTERVAL	BETWEEN
PART I. DEA	ATH WAS CAUSED BY:		\	7	4 000				ONSET AN	D DEATH
LLV	IMMEDIATE CAUSE (a) COPONARY OCCIUSION							ZO ML	LIIUUU	
1 76	DUE TO									
Conditions, if o		(Jeneralized	art	erioscie	rosis			2 yes	rs
gave rise to i										
lying couse lost.	(c)				,					
PART II. OT	HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO T	HE TERMINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY ORMED?
Chronic	Brain Synd	rome.	senile bra	ain	disease					NO DE
200. ACCIDENT W.			RIBE HOW INJURY OCC			njury in Part I or Pe	ort It of item 18.)		1	
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Doy, Yea	r 20d. IN White of work	Not while		CE OF INJURY (Ho ory, street, office b	me, form, 20f. (Ci ldg., etc.)	ty or town)	(Co	ounty)	(State
21. I certify the	at the (this haspital)	attend	ed the deceased f	ram	8-1		5 - 8	196	L, that (1)	(wandar
saw the decea	sed alive on	5-7	19 61, and t	hat de	eath accurred	08:20% from	the causes an	d an the	date state	d above
22a. SIGNATURE				1101 00	J. J	and application of the state of	1 110 00000	o dii iiio		2b, DATE
H- 00	on a lea		land 1	6.0	ATTENDING	MED.	STAFF PHYS. T		5_8	SIGNE
22c. PHYSICIAN'S	1 / 1 / 12	700	10 00	741	22d. ADDRES		J FINTS: QUE)-()=01
NAME (Type)	Harry J. Cr	awfo	rd				tate Hosp	ital,	Cambri	idge,
3a. BURIAL, CREMATIC	ON, 23b, DATE THEREOI	F	23c. NAME OF CEMET	ERY OR	CREMATORY	23d, LOC	ATION (City, town,	or caunty)	(St	ofe)
REMOVAL (Specify)		Dorchester	Morr	oriol Da	0-	mbridge , M			
		1	ADDRESS			So. REC'D BY REGI		STRAR'S SIG	NATURE	
K. M	P-11	1	104	1	9	*****		Orthur.	9 Marya	
REMOVAL (Specify	May 10,19		Dorchester		orial Pa	rk Ca	mbridge, M	ld.	NATURE	ofe)

170 PM 1807 AVAIL - AMBIECT made to The male of the Control of the Contr 製作を支出した。

FOR STATE HEALTH DEPT.

cheral director, Page files.

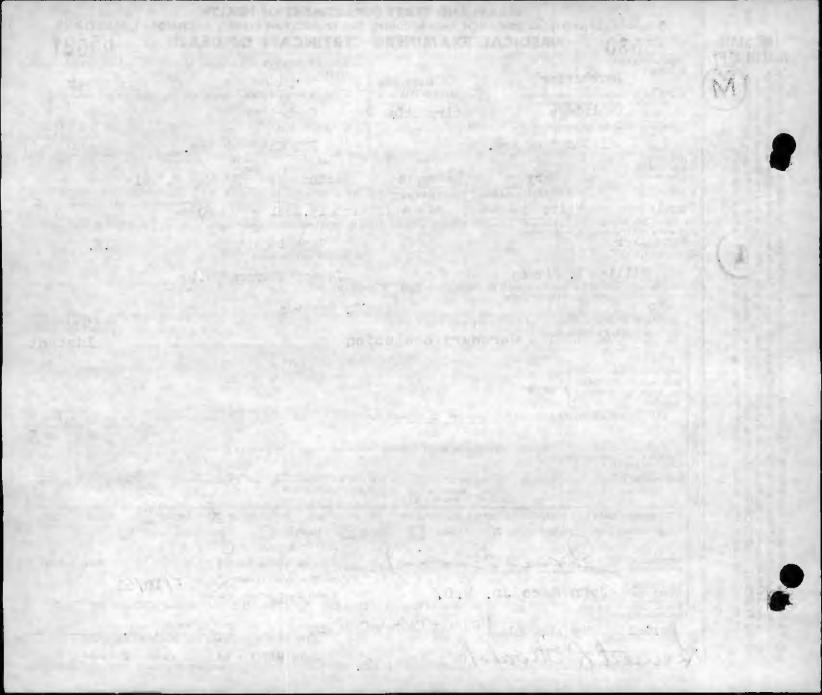
is necessary, TO DE TAXEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If y is necepleat, execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the third director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of its designated agent, prior to burial, cremation, or removal, and in any event warm 72 hours after death.

VS. A15ME SM 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1.5591 5500

- 000	U.						UNA	
1. PLACE OF DEAT			2. USUAL RESIDENCE			institution: Rasic		edmission)
I. COUNTY	orchester	MARYLAND	. STATE	nd	b. COUN	Dorche	ester	
	(if oulside corporala limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ele limits, write			wn)
write RURAL ar	anbridge	entire life	Cembri					
d. NAME OF HOSE	PITAL OR INSTITUTION (if not in he	ospital, give streat address)	d. STREET ADDRESS			- 11		RESIDENCE
	11 Choptank Ave.	The second secon	211 Ch	optank	Ave.		YES [NO F
3. NAME OF DECEASED	Fire	Middla	Last	4. DATE	Month	D	y Ya	ar
(Type or print)	Mary	LeCompte	Barton		May 8.	1961	19	>
5. SEX	6. COLOR OR RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	19.	AGE (In years	IF UNDER 1 YEA		R 24 HR5.
Female	White wow		March 15,1881	92	80 yrs.	Months Day	Hours	Min.
	TION (Give kind of work yorking life, even if relired)	KIND OF BUSINESS OR INDUSTR		or foreign count	ry)	12. CITIZEN	OF WHAT	COUNTRY
Momenaker			Cambrid	re.		II	S.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	Total Contract of the Contract		1 0	2 000 0	
Will	ism M. Burton		Jane Patt	erian V	hite			
	VER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Ad dress			
(Yes, no, or unkown)	(If yes giva war or dates of service)	Fe.	mily Records					
	DEATH (Enter only one cause per		MILL METOLES			1.7	INTERVAL BE	TWEEN
	TH WAS CAUSED BY						ONSET AND	
1100	IMMEDIATE CAUSE (+) COT	onary occlus	1 on				Inst	tant
1420.1	DUE TO							
Conditions, if an	y, which) (b)							
gava rise to imma-	diate cause							
(e), stating the cause lest.	underlying							
	ER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CO	NDITION GIV	FN IN DART 1(a)	I SO WAS	ALITOREY
PART II. OTH	ek sionalicani conditions	THE STATE OF THE STATE OF THE	or restrict to the tennils	NE DISEASE CO	MUITON GIV	LISTIN PART I(a)		ORMED?
200. EXTERNAL		RIBE HOW INJURY OCCURED.	Enter neture of Injury in Pert	I or Part II of its	m 18.)			
PRIMARY OF C								
₹ 20c, TIME OF INJ	JURY Month, Dey, Year 20d.	INJURY OCCURRED 20e, PLA	ACE OF INJURY (Home, farm,	20f. (City o	r town)	(County)		(State)
20c, TIME OF INJ	Whi	leNot While fec	lory, street, office bldg., etc.)			(,,,,,		(5.0.0)
Pinn				1	-			
21. I certify	that I took charge of the re-	mains described above, he	eld an Autopsy	Inspection 2	Inquir	y , ar	nd in my	opinion
death resulted	from: Natural causes K	, Accident . Suic	ide, Homicide [, Unde	termined m	anner		
		- 0	CHIEF MEDICAL E	XAMINER []				
ACTUAL	John ?	more to	ASSISTANT MEDIC	CAL EXAMINER			DATE SI	GNED
SIGNATURE	7	7	M.D. DEPUTY MEDICAL			- 10-		
EXAMINER'S NAME (Typa)	John Mace Jr	M D		~		10/61		
220, BURJAL, CREMATI	ION, 225. DATE THEREOF	22c. NAME OF CEMETERY OF	Address (Street, ci	22d. LOCATIO		or country)	(Ste	ite)
REMOVAL (Specif	77 77 70/7	Christ Church	Cemetary	0	obet dee	MS		
23. JUNERAL DIRECT	OR A O	ADDRESS				STRAR'S SIGNA	ATURE	
X0	to the men	40000	DATE MA	AY 1 5 '61	0	wilma S. A	Craus	
THE ALKER	CALIN LIVERIAL	A Combridge 1	// DATE ##	11 1 0 01		A		

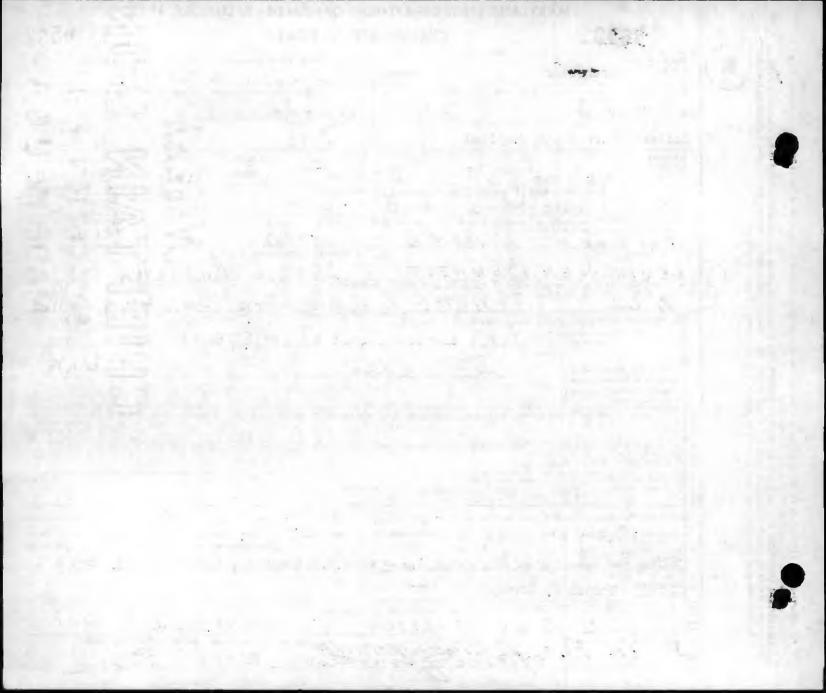


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TO FUN VS A15 (4) 15M 9/58



ofter death, Page 4

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ATTENDING FHYSICIAN: The law impuires that the death certificate be executed within 211

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

MEROO

063	553	2	CERTIFIC	CAII	OF DEATH				UU	24	3
1. PLACE OF DEATH b. COUNTY	RCHESTER, C	0.	MARYLA	- 11	. USUAL RESIDENCE (WO. STATE MARYLAN		b. COUNTY	on: Resident	A FD	re admiss	
b. CITY OR TOWN RURAL and give r	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corp	orate limits, write R	URAL ond g	ive nea	rest town	.)
CAMBRIDGE.	MD. R.F.D	# 3	LIFE	24	CAMBRIDGE.	MARY	LAND, R.F	.D.#	3		
d. NAME OF HOSE OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		MONE.						FARM?
3. NAME OF	Fir	et	Middle		Last	4. DATE	Mor	ethi.	Do		Year
(Type or print)		STE	RHEA	F	RENINETTT	OF DEATH	MA MA		3	,	19 61
5. SEX	6. COLOR OR RACE	The same of the sa	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
FEMALE	WHITE:	WIDOWI		_	3/18/1878		lost birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR I	INDUSTR	Y II. BIRTHPLACE (State	or foreign	country)	12. CITI	ZEN OF	WHATC	OUNTR
HOUSEMTEE	rking life, even if retired		OUSENTEE		DORCHESTER	CO.	MARYTANT		II S	Λ	
13. FATHER'S NAME		-1.11	WILLIAM TO THE PARTY OF THE PAR		14. MOTHER'S MAIDEN	-	- AUTHOU		الدواند	+71.4	
MATITITE	DUTA				MARI	THA AN	N RHEA				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO		HA AN	Add	ress			
(Yes. no, or unknown)	(If yes, give wor or detes of s		MONTO	2.075	THOT IN DUNK	TTO CO	D E D /	1 2 0	. 1 (77)	0700	77 94
TR CALISE OF DE	ATH [Enter only one co		NONE	MR.	LESLIE BENN	12173	R.F.U.	3,0		RTOG	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		orono.	1	Orden					AND	
720	DUE TO										
Candilians, if a	immediate (-		
couse (a), stating	the under-										
lying couse lost.) (c)									
PART H. OT	Teleson CON	los	CONTRIBUTING TO DEATH	H BUT NO	OT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	VEN IN PART	1(0) 1	PERFO	AUTOPS RMED?
	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Enter noture of injury in	Port I or Po	ort II of item 18.)				
20c. TIME OF INJU	RY Month, Doy, Ye	20d. II While	Nat while		OF INJURY (Home, for y, street, office bldg., et		ty or town)	(0	ounty)		(Stot
	at (I) (this haspital) attend	led the deceased fr	am	#-27 19	6/ ,.10	52 3	, 196	th	at (I) (we) la
saw the deced	sed alive an	- 3	196_ / , and th	nat dec	th accurred at	M, fram	the causes ar	d an the	date	stated	abav
226. SIGNATORE	3			М.г	ATTENDING .	AED.	STAFF				SIGNE
22c. PHYSICIAN'S NAME (Type)	0			nv. L	22d. ADDRESS	IKECIOK L	i 1113, []				

23d. LOCATION (City, town, or county)

(Stote)

BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY DATI FAMILY ERMETERY
ADDRESS

MARYTAND 25b, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

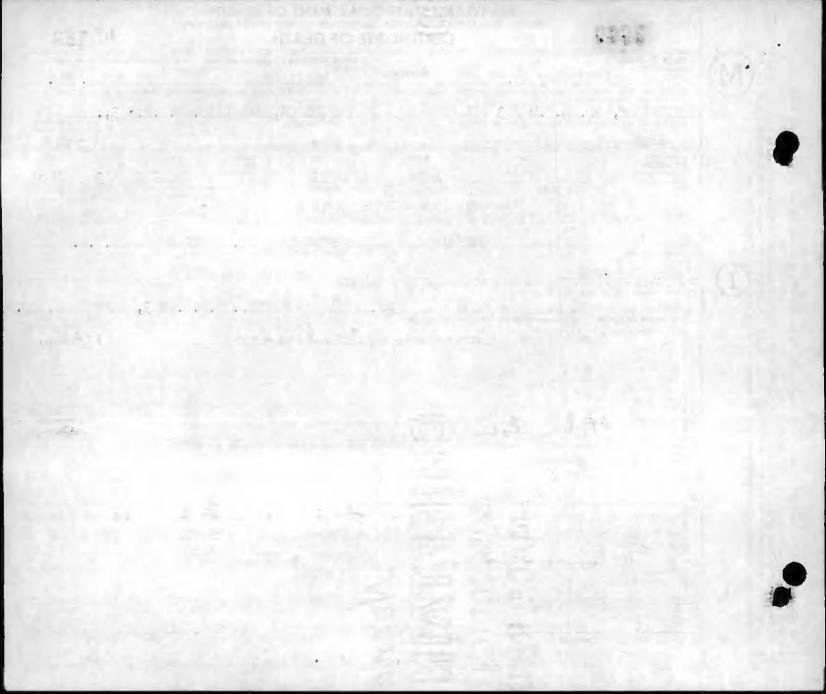
BUHJAL MAY 5 1961 COMPTE FUNERAL SERVICE, CAMBRIDGE, MARYLAND. DATE MAY 1 9 '61 arthur & Kinese

page 3 should be detached for use as the burial-transit permit. Then pleas the State Board of Health priar ta burial, crematian, ar removal, and in any

TO FUNE VR A15 (4) 15M 9/59

TO HOSP

A. LIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit.



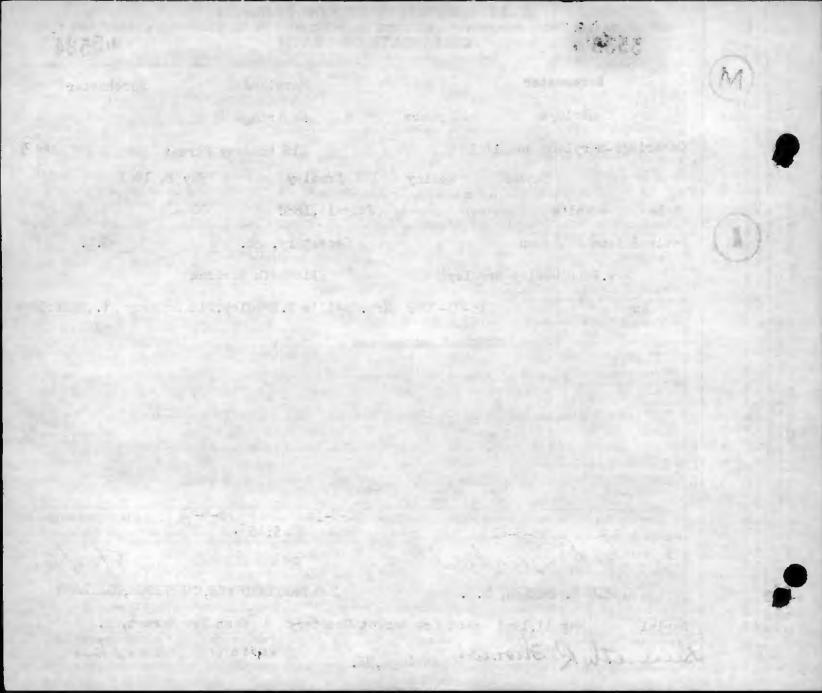
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5533 CERTIFICATE OF DEATH 055205524

PLACE OF DEAT	H		2. USUAL RESIDEN	CE (Where de			ence before	admission)
a. COUNTY	Dorchester	MARYLAND	a. STATE Mary	land	b. COUN	Dorche	ester	
write RURAL en	(if outside corporate limits, d give neerest town) Cambridge	c. LENGTH OF STAY IN 1	c, CITY OR TOWN		orata timits, write			wn)
		of in hospital, give street eddress)	d. STREET ADDRESS	THE				RESIDENCE
Cambridge	-Maryland Nos	snitel	1 218	Academy	Ctroot		¥ES	NO X
. NAME OF	First	Middle	Last	4. DATE	Month	De	y Yau	ar
DECEASED (Type or print)	Thoma	s Wesley	Bradley	DEATH	May 8,	1961	19	,
i. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.
Male	V.71 + 1	WIDOWED DIVORCED	July 15,1888		last birthday) 72 yrs.	Months Days	Hours	Min.
Da. USUAL OCCUPA	TION (Giva kind of work	106. KIND OF BUSINESS OR INDUS		nly & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY
	orking life, even if retired)		Secretary,	Md.		U	.S.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN					
Ret	v.John Wesley	Bredlev	Elizabe	eth Hurl	lock			
5. WAS DECEASED ET	VER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17			Address			
Yes, no, or unkown)	(If yes give war or dates of sarv	215-03-0099 M	rs. Nellie T.E	Bradlev	.218 Aca	demy St	Caml	bridge
21.00	DEATH [Enter only one ca	ruse per line for (a), (b), and (c).]			,	11	INTERVAL BE	ETWEEN
BART I. DEA	TH WAS CAUSED 8Y: , IMMEDIATE CAUSE (a) DUE TO	CEREBRAL HEMORRI	IAGE					
Conditions, if an gave rise to immed (a), stating the causa last.	diate cause underlying DUE TO		N'	NIA DISTACT	CONDITION ON		116 11/40	ALIZABEV
PART II. OTHI	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PAKT 1(8)	YES	ORMED?
	VAS UNDERLYING [2 3 [CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCU	RED. (Enter nature of injury in	Part I or Part II	of item 18.}			
20c. TIME OF INJ Hour a.m. p.m.	19	While Not While at work at work	PLACE OF INJURY (Home, fari factory, street, office bldg., etc	c.)		(County)		(Stata)
	that (I) (this hospital) attended the deceased fro —61	m 8–8–56		-8-61			
saw the decea	11 10 11	mber	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	57		SIGNE
22c. PHYSICIAN'	SERT E. BUNKE	R, M.D.	22d. ADDRESS 200 MARY	LAND AV	E, CAMBR	IDGE, MA	RYLAND)
	TION, 236. DATE THEREC				t New Me			(State)
MA MUNERAL DIRECTO	^	, ADDRESS		C'D BY REGIST	TRAR 256. REG	GISTRAR'S SIGI	NATURE	
Servie		buto Cambridge	MA DATE	MAY 15'	61 (Irthur S. 1	traus	
		- The state of the						



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ed.	Dist.	No.				- ,

		534		CERTIF	ICA	IE OF DEA	AIH	J		Reg.	Dist. No		V •)
	1. PLACE OF DEATH DORCH	HESTER, CO	a	MARYLA	- 11	USUAL RESIDENCE O. STATE	_ `		lived. If institute b. COUNTY		lence befo CHEST		co.
	b. CITY OR TOWN (IF RURAL and give ned	outside carporate lim	ils, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOW	'N (If o	utside corpor	ate limits, write R	URAL on	d give ne	arest tawr	2)
	CAMBRIDGE,	MARYLAND.		1 WEEK		CAMBRID	GE,	MARYI	A'VD.		2		
	d, NAME OF HOSPITA	AL (If not in hospital,	give street	address)		d STREET ADDR	ESS					a. IS RES	FARM?
	C LERIDGE	MARYLAND H	O. PII	AL		OAKLEY,	ST	REET.			1		NO XX
I	3. NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE OF	Man		Do	,	Year
	(Type or print)		ILLIA			CARMINE		DEATH	MAY				19 61
١	5. SEX			RIED 🔝 NEVER MARRIED		DATE OF BIRTH	5.0	1	9. AGE (In years last birthday)	Manih:		Hours	ER 24 HRS
	MALE	WHITE	WIDOW	Topod .	Trigger 1	JULY 16,				1			
١	10a USUAL OCCUPATIO	ng life, even if retired	n _										COUNTRY
	CONTINENTAL 13. FATHER'S NAME	AMERICAN		NSURANCE CO	•				MARYLAN	ID] L	J.S.A		
١		CIBACTATO				14. MOTHER'S MAI			311137				
ŀ	SHABRACH IS WAS DECEASED EVER		veren in		127 13.05	ORMANT	ta w	ILLOUG	Add:				
	(Yas no, or unknown) (I	f yes, give war or dotes of	ervice)	SOCIAL SECURITY NO			8 /1 A	ተንት የተገ ስቸው			CART	י ייב גרוו	17 1.4TD
	NO	NO		INKNOMN	P.RO	. WILLIAM	. UA	JULI TIVE	UARLEI,	ST.			للال وثا
ı				ne far (a), (b), and (c)]	3.	- 9					ON	ERVAL BE	DEATH
1		IMMEDIATE CAUSE (onary thr	ombo	818						.2 d	ays
1	4001	DUE TO	>										
ı	Canditions, if on	mediate	<u></u>								-		
ı	couse (a), stating to	he under-	,										
١		ER SIGNIFICANT CON	(DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE	ETERMI	NAL DISEASE	CONDITION GIV	EN IN P	ART 1(a)	9. WAS	AUTOPSY
1	PART II. OTH 200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I		-									PERFO	NO P
ı	200 ACCIDENT WAS	S UNDERLYING	20b DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of inju	ury in P	art I ar Part	It of item 18)		I		
ı	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)											
	3 20c. TIME OF INJURY	Manth, Day, Ye	er 20d I	NJURY OCCURRED 2	De PLAC	E OF INJURY (Home	e, farm,	20f (City	ar lawn)		(County)		(State)
1	20c. TIME OF INJURY Haur a. m. p. m.	19	While at war	Not while	tacia	ry, street, office bld	lg., etc.;)					
1		at Lattended the		ed from May	15.	1067 1	. Me	V 2	7. 1067	that	Llost s	nu tha	dacanta
1		y 27.											
	unve unn	7	1/	, and mare	7 7	ccorred di			reet, city or town,		ille 00		ATE SIGNE
	ACTUAL SIGNATURE	Lucia	- 2	9	L ,	6 Chu	ırch	st.	Cambr	ide	e. N	id.	
	1		ndersenglings										
	PHYSICIAN'S NAME (Type)	John Mace	Jr.	M.D.									
ŀ	220 BURIAL, CREMATION	V. 22b. DATE THERE)F	22c NAME OF CEMET	ERY OR	CREMATORY		22d LOCAT	ION (City, town (or caunty	1)	(Stat	(c)
	REMOVAL (Specify) BURTAT.	MAY 30	1961	LOORCHESTE	R ME	MORIAI. PA	RK	CAMBE	RIDGE. MA	RYT	A ND		
	23 FUNERAL DIRECTOR'S			ADDRESS			. REC'E	D BY REGIST				RE	
	LE CCAPTE !	FINERAL SE	RVICE	E, CAMBRIDGE	, M	RYLAND DA	TE MA	Y 3 1 '6	1 0	where.	8. Hra	u.A.	

ely filled. By the funeral director, Pages 1 and 2 should be filed with D HOSPIN OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 may be do by the haspital or attending physician.

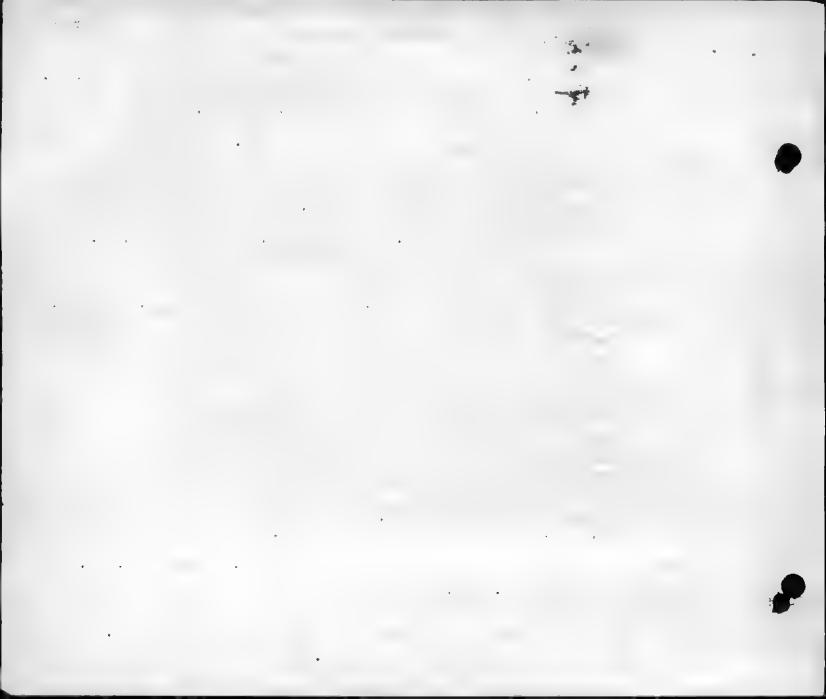
D FUN ILDIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I the registrar priar to burial, crematian, or remayal, and in any event within 72 hours after death. TO FUN

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24

ofter death. Page 4

VS A15 (4) 15M 9/55

TO HOSPI



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6552s **CERTIFICATE OF DEATH** Reg. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. COUNTY filed b. COHNTY MARYLAND Dorchester Dorchester Co Maryland eral b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give nearest town) 70 Cambridge Maryland
d. NAME OF HOSPITAL (If not in hospital, give street address) Church Creek Maryland d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Cambridge Maryland Hospital Inc. None pup NAME OF Middle 4. DATE Lock Month Day Year DECEASED (Type or print) DEATH Nellie Calvert Carroll 19 Mav 13 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5 SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys on popers. WIDOWED [DIVORCED [86 yrs. Female White Apria 28.1875 10c. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housekeeper own home Maryl and II.S.A ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas King Carroll Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Buip≡ No Unknown LeCompte Funeral Service, Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Uremia week DUE TO ģ mit. Conditions, if ony, which Gangrene of soles of feet 3 weeks gove rise to immediate per DUE TO cosse (a), stoting the underand lying couse lost Atteriosclerotic cardiovascular renal disease buriol-tronsit physicion PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? YES | NOVIZ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) None MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) Doy. Year (County) (Stote) foctory, street, office bldg., etc.) e. m. While Not while ot work 🔲 at-work -1961 4-29 5-13 1961 that I last saw the deceased 21. I certify that I attended the deceased fram. _, la and that death accurred at8.29p. alive on __M. fram the causes and an the date stated above. ADDRESS (Street, city or lown, stote) DATE SIGNED **ACTUAL** å Locust St. Cambridge, Maryland 5-16-61 SIGNATUR ď 0 PHYSICIAN'S Eldridge H. Wolff NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) FUN (Stote) BUTLAL (Specify) Old Trinity Church Yard May 16,1961 Church Creek, Maryland 2

ADDRESS

LeCompte Funeral Service, Cambridge, Maryland

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

24s. REC'D BY REGISTRAR DATE MAY 3 1 '61

death.

certificate

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE



VS A15 (4) 15M 9/58 H

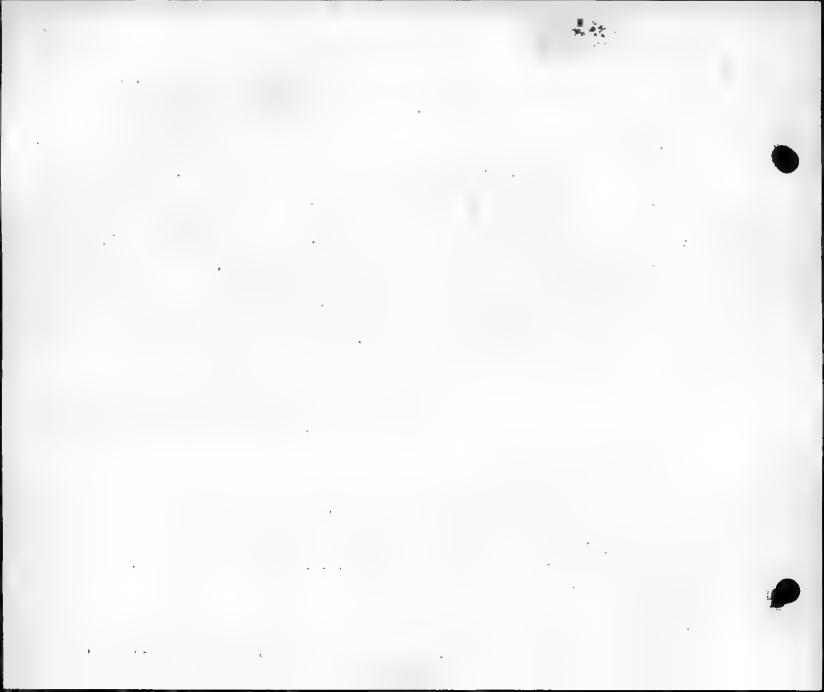
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5536

CERTIFICATE OF DEATH

Reg. Dist. No. 15527

1	PLACE OF DEATH	rchester		MARYLA	- 11	USUAL RESIDENCE (W			mstitutio	on: Residen	ce befo	re admiss	on)
/	5 CITY OR TOWN (III		de sueida	c LENGTH OF STAY IN		Mary.		4 11 14		Q.A.			
	RURAL ond give ne	orest town)	its, write	6 yrs.	I ID	Stevensvi.		prote limits,	Write K	UKAL ond	Bian uec	rest town	1
	d. NAME OF HOSPITA		give street o	ddress)		d. STREET ADDRESS		4	·			e, IS RESI	DENCE FARM?
	Eastern Sho	ore State	Hospit	al					1.	١.	i.		NO.
	3 NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF		Mont	th	Đạ	у	fear
	(Type or print)	MARY R	INGGO1	TD COCKEY			DEATH	May	10			1	961
	5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	□ B C	ATE OF BIRTH		9 AGE (In	years bdoy)	Months		-	
	female	white	WIDOWE	DIVORCED		12/13/67		93	yrs.	MOHITIS	Days	Hours	Min
1	10a USUAL OCCUPATIO	N (Give kind of warking life, even if retired	dane 10b K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	e or foreign c	country)		12 CITI	ZEN OF	WHATC	OUNTRY?
1	housewife		-			Md.					U.S		
	13. FATHER'S NAME]1	4. MOTHER'S MAIDEN	NAME						
	William	Ringgold				Laura Jan	e Spar	ks					
	15 WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO.	INFO	RMANT			Addr	ess			
	no			none	Но	spital reco	ords						
		TH [Enter only one co	use per line	for (o), (b), and (c).]								RVAL BE	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Gen	eral Arteri	oscle	erosis						LI AND	DEATH
		DUE TO											
	Candilians, if or	y, which) (b	.l										
	gave rise to in couse (o), stating I	nmediate (,										
	lying cause last.) (c	:)										
	PART II. OTH	ER SIGN F CANT CON	DITIONS CO	ONTRIBUT NG TO DEAT	H BUT NO	T RELATED TO THE TERM	AINALD SEAS	E CONDITIO	ON GIV	EN N PAR	T 1(o) 1	9 WAS A	AUTOPSY RMED?
				lue to seni						is			NO D
	UF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCI	RIBE HOW INJURY OCC	URRED (inter noture of injury in	Port I or Pai	rt II of item	18)				
	ZOC. TIME OF INJURY Hour d. m.	Manth, Doy, Ye	While	JURY OCCURRED 20 Not while at work		OF INJURY (Home, formall, street, office bldg., etc.)		y or town)		{(County)		(State)
		at Lattended the		d from May	IM	1925 to V	1 62 14	10,1	9/1	that I la	et eas	the d	present
	alive an M			11 ;		curred at 3 1-5!	M, from	the caus	es an	d an the		stated	abave.
	ACTUAL SIGNATURE	- Image	-1-	Daches		E.S.S.Hosr	ADDRESS (S	. ,				A	SIGNED
		Dia 7		11	M.D	merceremon	الم الماليات	_ Lanci	THE	لالالد ـ والكا		16-08	1-7-75.1
	NAME (Type)	Thomas J. I	Oredge										
	Burial, CREMATION REMOVAL (Specify)	MAY I	OF C	STEVENS		REMATORY	22d LOCA	TION (City,	town, o	or county)		(Stote	(d)
	23 EUNERAL DIRECTOR'S	SIGNATURE (2)	4	ADDRESS		240 PEC	D BY REGIS	0011	REGI!	STRAR'S SIG	SNATUI	RE	<u></u>
,	Edga.	7 30	ul	Church	4,1	1		'61		Lithur .			



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d LQCATION (City, fown, or county)

24b. REGISTRAR'S SIGNATURE

Cuthur S. Kraus

24a, REC'D BY REGISTRAR

DATE JUN 6

(State)

FUNE he 0

decith

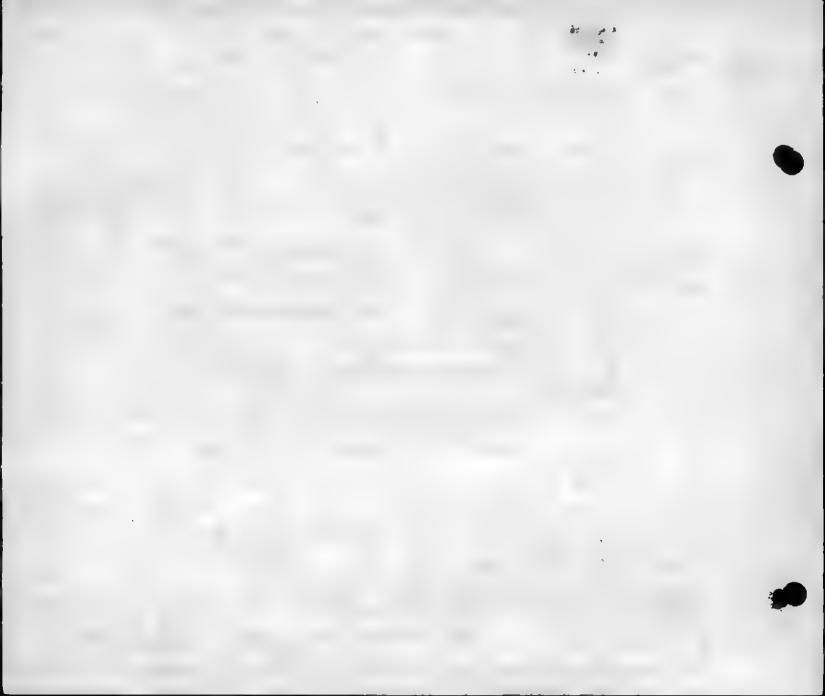
VS A15 (4) 1SM 9/SS

220 BURIAL CREMATION.

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREO!



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Them 9 Film G289 6/23/61 iwk
CERTIFICATE OF DEATH

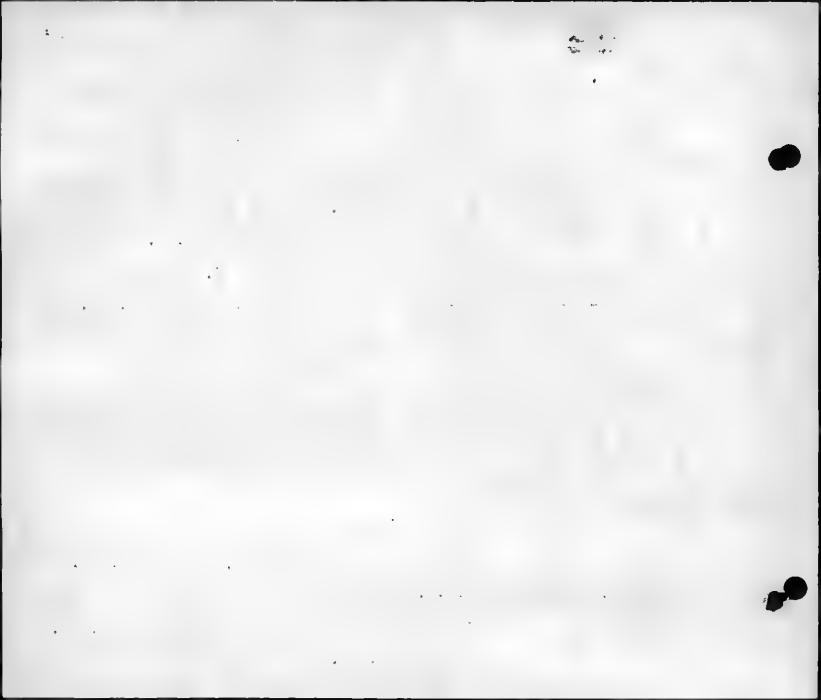
	5	538	1 9 r	CERTIFI	CA
	PLACE OF DEATH 6. COUNTY	Dorchester		MARYLA	ND
_	b CITY OR TOWN (IF	outside corparate limits, write	c. LENG	TH OF STAY IN	1b

Reg. Dist. No. 6717

1. #	LACE OF DEATH	Dorchest	OT	MARYLAND	2 USUAL RESIDENC	_		red. If institution b. COUNTY	_	_	
	CITY OR TOWN (IF	outside corporate (imi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN		yland	a limits, write RU	RAL and au	ches	ter
	RURAL and give ne	prest town)		Life		_	bride		Arie and git		
-		AL (If not in hospital, g	ive street		d STREET ADDRE		THE THE		-	e. is	RESIDENCE N A FARM?
		idge Mary	rlan	d Hospital		102	Phil:	lins St	reet		NOK
3. N	AME OF ECEASED	Fire		Middle	Lost		4. DATE OF	Mont)	Day	Year
(Type or print)		mia	Mack	Cornish		DEATH	Maj		30,	19 61
5. 5		20.00		IED NEVER MARRIED	B DATE OF BIRTH			AGE (In years lost birthday)		YEAR IF U	NDER 24 HRS.
	Female		WIDOWE		Nov. 9,	18	97 43	164 yrs			
100	during most of works	ng life, even if retired)	lone 10b.	KIND OF BUSINESS OR INDU							HAT COUNTRY?
	Labore	r·		Laborer				inty, Mc		USA	
13. (FATHER'S NAME				14 MOTHER'S MAIL	DEN N	AME				
		<u>lachi</u> Ma				M	ary	Hol	land		
15. Yes.	no or unknown) ()	IN U. S. ARMED FOR	evice)	SOCIAL SECURITY NO 17				Addre	93		
	No			<u>7-10-8205 </u>	Helena Co	orn	ish,	Cambri	dge,	Md.	
		•	use per l'i	ne for (a), (b), and (c).]						INTERVAL	BETWEEN ND DEATH
	FARI I, DEAL	H WAS CAUSED BY:		Coronary He	art Disea	120					
	4.10.1	DUE TO									
	Conditions, if on gove rise to im										
	cause (a), slating t										
_	lying couse tost.) (c)									
CERTIFICATION	PART II OTHI	ER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART I	PEI	AS AUTOPSY REORMED?
	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	□ CAUSE OF DEATH I	206 DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of inju	ry in P	ort I or Port II	of item 18 }			
MEDICAL	20c TIME OF INJURY	Month, Day, Yea		4.	ACE OF INJURY (Home			town)	(Co	unty)	(Slote)
MED	Hour o.m.	19	White of worl		ctory, street, office bldg	i., erc.)					
	21. I certify the	at I attended the	decease	ed from May 1,	19 61 10	Ma	y 30,	19 61	that I la	st saw t	he deceased
	alive an		_, 19_		occurred at		-		-		
	1	0/1	1	, (t, city or lown, st			DATE SIGNED
	ACTUAL SIGNATURE	STA	E.	Men	M.D. 227 I	Pin	e St.	Cambr	1dge	, Md	. 6-6-6
	PHYSICIAN'S J	. Edwin I	ass	ett,M.D.							
220.	BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCATIO	N (City, town, or	county)	(5	State)
	Burial (Specify)	6/2/1961		Old Field	Cemetery		Dorel	nester	Coun	ty.	Md.
23 1	WHERAL DIRECTOR'S	SIGNATURE .	/	ADDRESS		DEC'D	BY REGISTRAL				

by the funeral director, and 2 should be filed with rs ofter death. Page ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, LOIRECTOR: After this certificate has been signed by the attending physician and campletely filling the detached far use as the burial-transit permit. Then please remove carbon papers. Pages ar prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO FUN D D page Straula TO HOSP!

VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

5539

CERTIFICATE OF DEATH

u5529

	1', PLACE OF DEATH a COUNTY			2. USUAL RESIDENCE (Wh	ere deceased lived. If I		before admission)					
	DORCHESTER,	co.	MARYLAND	d. STATE MARYLANI) 6. ((DORCH	ESTER, CO					
	b CITY OR TOWN (if outside corpo RURAL and give neorest town)	rote limits, write c	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate fimits,	write RURAL and gi	ve nearest town)					
е.	CAMBRIDGE, MARY	LAND	La DAYS	CAMBRIDGE,	MARYLAND.	_ =						
-4	d NAME OF HOSPITAL (If not in he OR INSTITUTION	aspitot, give street oddr	ess)	d. STREET ADDRESS		-	a IS RESIDENCE ON A FARM?					
5	CAMBRIDGE MARYLA	ND HOSPITAL	<u>.</u>	402 RACE. S	STREET	-	YES NO X					
	3 NAME OF	F'rst	Middle	Last	4 DATE OF	Month	Day Year					
	(Type or print)	EARL	E.	COX	DEATH	MAY	10 1961					
	S SEX 6 COLOR O	R RACE 7 MARRIED	NEVER MARRIED [B DATE OF BIRTH	9 AGE (In	March 1	YEAR IF UNDER 24 HRS					
	MALE WHITE	WIDOWED	DIVORCED [MARCH 24 191'		yrs Months [Pays Hours Min.					
Л	10a. USUAL OCCUPATION (Give kind a during most of working life, even i	of work dane 10b KINI	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12.CITIZ	EN OF WHAT COUNTRY					
	ECUIPMENT OPERAT		JIPMENT OPER	ATOR CAMBRIL	DGE, MARYLA	ND U	.S.A.					
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME							
	EDWARD L. COX			MARTHA HO	LLIDAY							
	15. WAS DECEASED EVER IN U. S. ARA		IAL SECURITY NO. 17	NFORMANT	_	Address						
	YES 9/28/11	12/5/45	214 12 8197	MRS EARL CO	K 402 RACE.	ST. CAME	BRIDGE, MD.					
	18 CAUSE OF DEATH Enter and	y one couse per ine fo		_		0.0	INTERVAL BETWEEN					
	PART I, DEATH WAS CAUS		0 10 D. C	es en en Ro	+FILD	Lake	ONSET AND DEATH					
	MMEDIATE C	DUE TO	1				1					
	Conditions, if any, which)	13	rome I was	me Co		b	unleren					
	gove rise la immediale	DUE TO	0									
	lying cause lost.											
	PART II OTHER SIGNIFICA	, (0)										
	ATIC.						PERFORMED?					
	PANT II OTHER SIGNIFICA 200 ACC. DENT WAS UNDERLYING OR CONTRIBUTING CLUSE OF ULIF EITHER. NOTIFY MEDICAL EXA	G 20b DESCRIBI	E HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Part II of item	18)						
100	OR CONTRIBUTING CAUSE OF	MINER)										
	\$ 20c TIME OF INJURY Month, D	Day, Year 20d INJUR	Y OCCURRED 20e PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(Co	ounty) (Stote					
	Zoc TIME OF INJURY Month, D Hour a.m.	19 While at work	Nat while to	ctary, street, affice bldg , etc)							
				מ לרשב	11.5	n 10.4	1 4					
	21. I certify that (I) (this h	- 14			al to J-A		that (1) (we) last					
	saw the deceased alive at 220 S GRATURE	1.0	17 fr. and that a	death accurred at	M, fram the caus	es and on the	date stated above 22b.DATE					
	Sans		M D PHYS ME	ED. STAFF	_	SIGNED						
	22c PHYSICIAN'S			22d ADDRESS	KECTOR [] PHTS							
	NAME (Type)											
	230 BURIAL, CREMATION, 236 DATE	THEREOF 22	IC NAME OF CEMETERY O	O CPEMATORY	23d LOCATION (City	town or so why)	(State)					
	BEALOVAL ISpecific	1 1-	DORCHESTER M			MARYLAN	. ,					
	24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	06- 000	O DV DECKTDAD OR	REGISTRAR'S SIG						
				MA	Y 1 9 '61	Crimin A.	Thank.					
	LE COMPTE FUNERAL	SERVICE CA	MBRILGE MAR	YLAND								

3 f DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05530

commender de limes

il directar, filed with, the funeral a ond Pages 1 by the attending physician and campletely filler Then please remave carbon papers. Pages and in any event, within 72 haurs after death TO FUNEKAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. the State Board of Health prior to burial, cremation, ar remaval,

after death. Page 4

5540

ATTENDING PEYSICIAN: The law requires that the death certificate be elecuted within 21 TO HOSP

VR A1S (4) 15M 9/59

1. PLACE OF DEATH o. COUNTY Dorcheste	r	MARYLAN	G STATE	Maryland	sed I'ved. If 'nstitution b. COUNTY						
b CITY OR TOWN (If outside corp RURAL and give neprest town) HULLOCK — FO	ral	25 years	b c. CITY OR	TOWN (If outside con Hurlock -	WW.	URAL and give ne	arest town)				
d NAME OF HOSPITAL (If not in OR INSTITUT ON Near Wad	dell's Co	oddress) Prner	d STREET	Near Waddell's Corner (S. S. RESIDE							
3. NAME OF DECEASED (Type or print) JOS	eph	Middle Frank	Divise		M	23 Do	19 61				
S SEX 6 COLOR Whit		RIED NEVER MARRIED [1	18 , 18 94	9 AGE (In years ast birthday) 67 yrs.	Manihs Days	F UNDER 24 HRS. Hours Min.				
100 USUAL OCCUPATION (Give kind during most of working life, ever Farmer 13. FATHER'S NAME	af work dane 10b if retired)	Farming	Czec	ACE (Stote or foreign hoslovakie MAIDEN NAME		U.S	•A•				
Frank Divisek			Anne	Vondracel							
15. WAS DECEASEDEVER IN U.S. A. (Yes. na. or unknown) (f. yes. give war.	RMED FORCES? 16 or dates of service)	SOCIAL SECURITY NO 128-34-0757	Mrs. Lydi	a Divisek,	Hurlock,		d, RFD				
PART I. DEATH Enter of PART I. DEATH WAS CAI IMMEDIATE Canditions, if any which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO (c) (c)	Ci Culi Erteri	oselee	NGVY (eart Des	was on	ERVAL BETWEEN SET AND DEATH 2 NA / N.				
ICATIC		CONTRIBUTING TO DEATH				/EN N PART 1(o)	PERFORMED? YES NO				
200 ACCIDENT WAS UNDERLYI OR CONTRIBUTING D CAUSE (IF EITHER NOTIFY MEDICAL EX	NG [] 20b DE: DF DEATH AMINER)	CRIBE HOW INJURY OCCU	RRED. (Enter noture o	af injury in Part I or P	ort II of îtem 1B.)						
20c. TIME OF INJURY Manih, Haur o. m p. m.	Day, Year 20d. While of wa	Not while	PLACE OF INJURY foctory, street, affic	(Home, farm, 20f (C e bldg., etc.)	ity or town)	(County)	(State)				
21 I certify that (I) (this saw the deceased alive 22a. SIGNATURE		ded the deceased fro 21-1961, and the	/	4	n the causes an						
22c PHYSICIAN'S NAME (Type) W. E.	Lennon,	M.D.	22d. ADDR	Federalsb	urg, Maryl	and					
230 BURIAL CREMATION 236 DA REMOVAL (Specify) Burial May	76 THEREOF 26, 1961	23c NAME OF CEMETER Washington		23d LOC Hu	rlock, Ma	ryland	(State)				
J.J. Frampton and	Son, Fed	eralsburg, Ma	ryland	250 REC'D BY REG	E n1	STRAR'S S GNATU	-				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5541

CERTIFICATE OF DEATH

Reg. Dist. No. 05531

\ <u> </u>	allo 14.							001
1. PLACE OF DEATH a. COUNTY DORCHES	TER, CO.	MARYLA	11 =	MARYLAN	here deceased lived.	If institution, Res. COUNTY DOR	chester	odmission)
b. CITY OR TOWN (If outside of RURAL and give nearest lawn	arporote limits, write	c. LENGTH OF STAY IN	lb c.	CITY OR TOWN (IF	outside corporate lin	nils, write RURAL	and give near	ost Iown)
CAMBRIDGE, MAR		6 YEARSS	13	CAMBRI	DGE, MARY	LAND.		
d NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, give street	oddress)	11 //	STREET ADDRESS	*			IS RESIDENCE
PARK VIEW APAR	TMENTS		J ₽	ARK VIEW .	APARTMENT	S		YES NOV
3. NAME OF DECEASED (Type or print)	Fiet * LAW R R	Middle M.	GOU	Lost CHER	4. DATE OF DEATH	Menth MAY	26	19 61
5 SEX 6. COLO	R OR RACE 7. MAR	RIED NEVER MARRIED		OF BIRTH	9. AG	E (In years IF UI		Hours Min
	ITE WIDOW		- 7	2/1890	- 4	O yes		
10a USUAL OCCUPATION (Give I during most of working life, e	van if raticad)					12		WHAT COUNTRY?
TELEPHONE CO.		TELETHONE CO		HILADIEPH			U.S.A.	•
13. FATHER'S NAME			i	AOTHER'S MAIDEN E				
GEORGE W. GO				ELIZABETM	MILLER			
	ARMED FORCES? 16		17 INFORM			Address	A 100	
NO NO		UNKNOWN	MRS.	LAWARENCE	GOLCHER,	CAMPRIT	GE, MD	•
18. CAUSE OF DEATH Ente	CAUSED BY:	ine for (a). (b), and (c)]	ARY	TH	ROMÍ.	305/5	INTER	VAL BETWEEN
120.1 mmedia	DUE TO	,,,,,,,						- ITINI
Conditions, if any, which								
gove rise to immediate	DUE TO							
cause (o), stating the under lying cause last.	(c)							
PART II. OTHER SIGNI		CONTRIBUTING TO DEATH	H BUT NOT RE	LATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN		WAS AUTOPSY PERFORMED? YES NO
	LYING 20b DES	CRIBE HOW INJURY OCC	URRED. (Enle	nature of injury in	Port I ar Part II of	ilem 18)		
20c. TIME OF INJURY Month	Day, Year 20d.		e PLACE OF foctory, str	INJURY (Home, form	n, 20f (City or to	vn)	(County)	(State)
p. m.	19 of wo	rk of work			i			
21. I certify that I att	ended the decea	sed fram 🔏 🤾	APRI	19.56, 10	(6 MA)	, 19 6 , tho	at I last sav	v the deceased
alive on 25	VIAY., 19.	ond that d	eath accu	red at 9.57	M, fram the	causes and a	an the date	stated abave.
1	19 2		5		ADDRESS (Street, c	ity ar town, slote)	-	DATE SIGNED
ACTUAL SIGNATURE	C. Tr	my je	MD	100	CHUR	CHS	1. 2	JMAYO
PHYSICIAN'S NAME (Type)	E.G	UNBY	177.	CAN	BRL	DGE		M.D.
000000000000000000000000000000000000000	Y 29 61	CAMBRIDGE			22d. LOCATION (CAMBRI	DGE, MAF	RYLAND.	(Stote)
23. FUNERAL DIRECTOR'S SIGNAT LE COMPTE FUNE		ADORESS E. CAMBRIDGE	E. MARY	LAND 240. REC	D BY REGISTRAR			

may be ned by the hospital or attending physician.

DEECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI TO FUN

rs after death. Page 4

VS A1S (4) ISM 9/SS

. 4 7

Ibin 24 hours after, TO HOS

I. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executived by the haspital and intending physician.

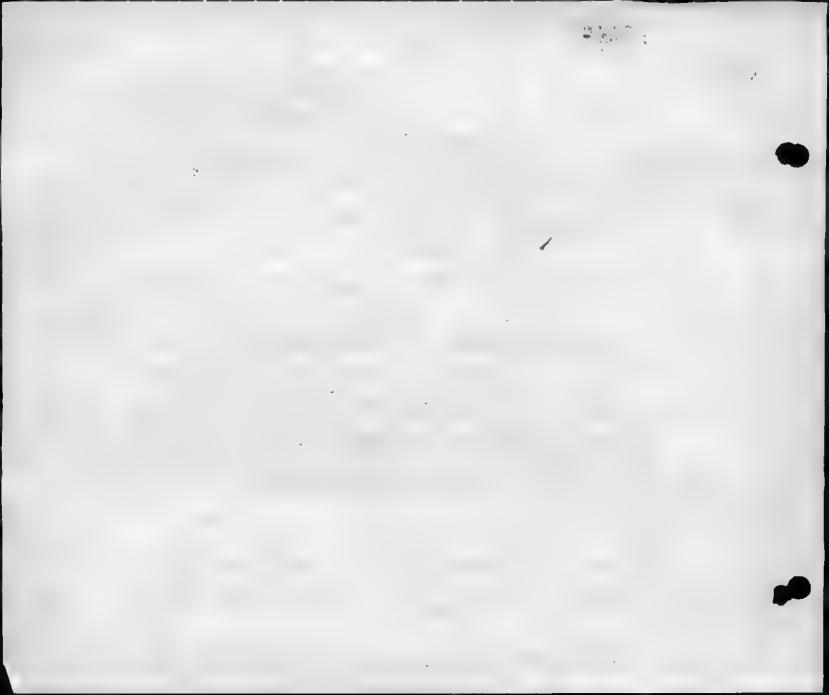
S TO FUNCKAL DIRECTOR After this cantificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please removes carbon papers. Pages 1 and 5 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any movent, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF ANTISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05532

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where daceased I ved, If institutions Residence before admission)
1 Chiester Maryland	a. STATE b. COUNTY
b. CITY OR TOWN (If outside conforate limits.	c, C.TY QK TOWN, [If guisside corporate limits, write RURAL and give nearest lown]
write RURAL and give nearest town)	1 7,1/1 H-
de NAME OF HOSPITAL OR INSTITUTION LIS not in hospital, give street editors	d. STREET ADDRESS 6. IS RESIDENCE
I have do it to the land	ON A FARM?
3. NAME OF Fre Middle	VES NO NO NO Year
(Type or print)	OF 3/3/
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1. The Illith WIDOWED DIVORCED	2/16/18/30 18 yrs.
10e. USLAL OCCLEATION IG verkind of work 10b. KINO OF BUSINESS OR INDUS	TRY 11. BRINGLACE County & State, or loreign country) 12. CITIEN OF WHAT COUNTRY!
1/2 herman	Ind and
13. FATHERYS WAME	14. MOTHER'S MAIDEN NAME
(Carnelina) Druge	trans (irast
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1-14.	INFORMANT Address
(Yes, no, or unkown) [(Ifyesgivewerordatesofservice)	amin Placed 12 ofthe X
18. CAUSE OF DEATH [Enter only one cause per line for in) (b), end (4)	INTERVAL BETWEEN
PART I. JEATH WAS CAUSED BY:	CALLER CASTA OF THE ONSET AND DEATH
IMMEDIATE CAUSE (a) LEGACE MINO	
DUE TO COMMANDE	ach con tour
Condition y, which (b) gave rise to immediate couse	and I great year course
(a), stating the underlying DUE TO	elature 4da-
causa est, (c)	- Succession
PART VOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT !	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED?
3 Ag/Fultury, andere sele	COURG YES NO IL
200. ACC FOR WAS UNDERLYING J 7 2Db. DESCR BE HOW INJURY OCCUR OR CONTRIPCTING CAUSE OF DEATH UT HE EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter neture of injury in Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, ferm, '2Df. (City or town) (County) (Slete)
Hour a.m. While Not While is work of	actory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	19 30 to May Jo 19 (0/that (i) (we) last
	at death occured at 2.20M, from the causes and on the date stated above.
228. SIGNATURE	22b. DATE
James 4. Thompson	ATTENDING MED. STAFF SIGNED
22c/PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.
NAME (Type)	Combred Co. Mid
236 BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (C ty, fown or county) (51818)
REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
- files	ou aust fix
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
XX IX / MILLIAN MILL	MILLES DATE JUN 6 '61 Gothing & King



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TATE STATE Rea. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) director. Page for your files. a COUNTY b. COUNTY Dorchester MARYLAND Maryland Dorchester b. CITY OR TOWN of ownede corporate limits, works BuRAs C TENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) and give negrest town) 10 Yrs. Hurlock Hurlock d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS - 60 Stote death. NAME OF Middle 4 DATE d within 24 hours after death. If any de-em. 18. Give Fages 1, 2, and 3 to the ong with form PM3. Page 5 may be ret-permit. File pages 1 and 2 with the Sk Month DECEASED O.F Benjamin (Type or print) McKinley Hackett DEATH Mav 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 5. SEX 9 AGE III repr IF UNDER TYPAR IF LINDER 24 HR lose is ethology) 56 yes Months Days Male Negro WIDOWED IT D VORCED [7] ö. 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Grocer Grocery Caroline County. in Hem. 18. Give Roges co along with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Hackett Saunders 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mildred Hackett, Hurlock. NO 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) per PART I, DEATH WAS CAUSED BY: Coronary thrombosis IMMEDIATE CAUSE (a) burial-transit Office DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO Examiner (a), stoting the underlying D course last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS Bsed The word "pend Chief Medical E 3 shauld be used 20o. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Hem 181) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or fown) factory, street, office bidg., etc.) Not while 0. m to the (of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy XI Inspection X. Inquiry | Torworded 1 opinion death resulted fram: Natural causes 2, Accident 1, Suicide . Homicide . Undetermined manner esignated ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER xecui I shaw FUNERAL i **EXAMINER'S** John Mace Jr. NAME (Type) DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION 225 DATE THEREOF 22d LOCATION (City, fown, or sounty) REMOVAL (Specify) 26/1961 40 Marydell Cemetery

ADD RESS

Gambridge.

Md.

VS A15ME 5M 2/57

Marydell. Maryland 24a REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE MAY 3 1 '61

e. IS RESIDENCE ON A FARM?

YES NO TO

Yanı

Hours

USA

INTERVAL BETWEEN ONSLY AND DEATH

Instant

PERFORMED?

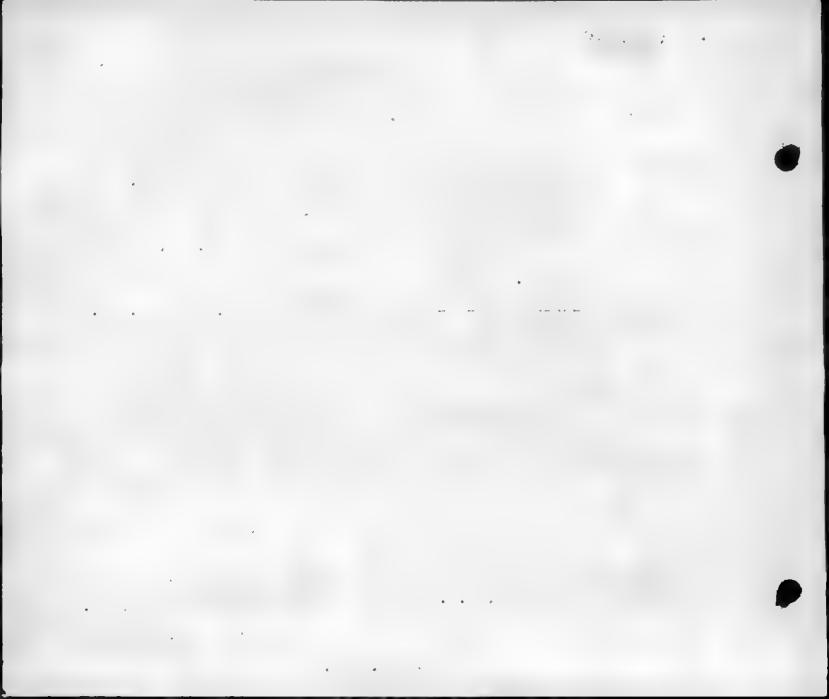
DATE SIGNED

(County)

NO PA

(Statut

19 61



CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Pan Die NCCTOC

OOTX				Keg. D	131. 140%
1. PLACE OF DEATH D COUNTY		2. USUAL RESIDENCE (Who or STATE			nce befare admission)
Dorchester Co.	MARYLAND	Maryla	ind b.	COUNTY	hester Co.
 b. CITY OR TOWN (If autside corporate limits, w RURAL and give nearest town) 	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ulside corporate limi	is, write RURAL and	give nearest town)
Salem. Maryland	Life	K Salem, Mar	yland		
d NAME OF HOSP TAL (If not in hospital, give to OR INSTITUTION	treet oddress)	d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Salem, Marvl		Salem. Ma	irvland		YES NO NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Year
(Type or print) Thomas	S.	Hooper	DEATH	May	30, 1961
5 SEX 6 COLOR OR RACE 7	MARRIED 🖾 NEVER MARRIED 🔲	8. DATE OF BIRTH -		The second second	R 1 YEAR IF UNDER 24 HRS.
Male White W	DOWED DIVORCED	April 21, X	2018 48	yrs Months	Days Haurs Min.
10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or fareign country)	12 CI	TIZEN OF WHAT COUNTRY
Operated General Store	General Store	Salem. Ma	ryland	U	J.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME		
Thomas Hooper Sr			Josephine	Wall	
15 WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no or unknown) 101 yes, give wor or dates of service	16. SOCIAL SECURITY NO 17.	NFORMANT	-	Address	
No No	UNKnown	Mrs. Thomas H	Hooper	Salem, Ma	ryland
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). 58/0 Conditions, if ony, which gove rise to immediate cause (o), stoling the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS		NOT RELATED TO THE TERMI		TION GIVEN IN PAI	ONSET AND DEATH ON RT 1(0) 19 WAS AUTOPSY PERFORMED?
PART II OTHER SIGNIFICANT CONDITION COAGO ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRE		4/LUP		YES NO
20c TIME OF INJURY Month, Day, Year Hour o. m.	20d INJURY OCCURRED 20e PL While Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town) ((County) (State)
21. I certify that I attended the de alive on 9 MAY ACTUAL SIGNATURE PHYSICIAN'S W, E, G NAME (Type)		4 . 1961 . 10 3 accurred of 2.15 1 MD. 105 CAM13.		auses and an 1	last saw the decease the date stated above DATE SIGNE
220. Burial, Cremation, 22b. DATE THEREOF REMOVAL (Specify) Burial June 1, 19	22c. NAME OF CEMETERY OF East New Ma	r CREMATORY rket Cemetery	22d LOCATION (C) East New		(Stole) Maryland
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I		24b REGISTRAR'S SI	
LaCompte Funeral Sammie	e Cambridge Md	DATE 4111	v 8 '61	Line X	I bracker

TO FUNE V\$ A15 (4) 15M 9/55



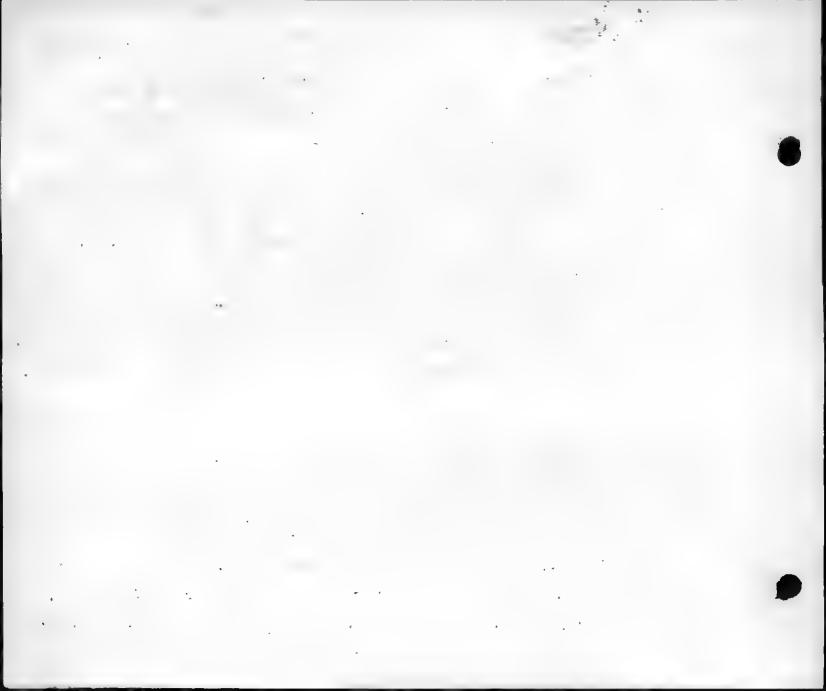
ARYLAND	STATE DEPART	MENT OF HEAL	TH-BALTIMORE, 1	8

5545 CERTIFICATE OF DEATH

M

Reg. Dist. No. 15534

-											
1. PLACE OF DEAT	H		MARYLAND	2 USUAL o. STA	TE .		d lived. If natity	Υ		rission)	
	Dorchester		MAXTLAND		Maryl	and		Kent			
b CTY OR TOV	YN (If outside corporate limitive nearest tawn)	its, write	c. LENGTH OF STAY IN 16	e. CiT	OR TOWN (If	outside corpo	prate limits, write	RURAL ond g	ive nearest to	own)	
	Cambridge	1	yr 6mo 4days		Kenne	dyvill	e				
d. NAME OF HI OR INSTITUT	OSP TAL (If not in hospital, g		· ·	d. ST	EET ADDRESS		14	1.	ON	ESIDENCE A FARM?	
	Eastern Sho	<u>re Sta</u>	ate Hospital				/ *		YES:	NO 🔯	
3. NAME OF DECEASED	Fir	rsi	Middle		Lost	4. DATE OF	Мо	onth	Doy	Year	
(Type or print)	Minnie		Ellen	Durham	Horse		Trick		3	19 61	
5. SEX	6. COLOR OR RACE	7. MARRIE	ED 🗌 NEVER MARRIED 📋	B DATE OF	BIRTH		9. AGE (In years last birthday)		Days Hou		
Female	White	WIDOWED		Marc		889	72 yrs		Days Hou	PYLIII	
10a USJAL OCCU during most of	PATION (Give kind of work working life, even if retired	done 10b. K	IND OF BUSINESS OR IND	USTRY 11. BI	RTHPLACE (State	e ar foreign c	country)	12 CITI2	ZEN OF WHA	T COUNTRY?	
Hous	sewife		-		Marylar			Ų	S.A.		
13. FATHER'S NAM	E			14 MOT	HER'S MAIDEN	NAME					
Benjami	n Durham				Ellen P	feffer					
15 WAS DECEASED	EVER IN U S ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	INFORMANT			Ad	dress			
No	mat .		_	RECORD	: East	ern Sh	ore Stat	e Hosp	ital		
18 CAUSE OF	DEATH [Enter only one co	ouse per line	for {o}, (b), and (c).]						INTERVAL ONSET AN		
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	. Ca	arcinoma of t	he sto	mach				over	-	
/ c	5 J Y DUE TO										
Conditions	if any, which)	. Di	abetes						OTTO	7 200	
gove rise	la immediate (400000						over		
lying couse	und the nuger										
	OTHER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BI	JT NOT RELAT	ED TO THE TERM	AINAL DISEAS	E CONDITION G	VEN IN PART	1(a) 19 WA	S AUTOPSY	
S I	sychotic Depr								PER	FORMED?	
20a ACCIDEN			RIBE HOW INJURY OCCUR	RED (Enter na	ture of injury n	Port I or Por	rt II of item 18.)				
	NJURY Month, Doy, Ye	201 101	JURY OCCURRED 20e.	PLACE OF SHI	URY (Home, far	m 20% IC.6	u as tawal	100	ounly)	(Stote)	
Haur o		While at work	Not while		office bldg., et		y or rown,	(C	cunsys	(31016)	
21. I certif	y that I attended the	decease	d from April 2	5 19	57, to 1	May_3_	161	,that I las	st saw the	deceased	
alive on			1 , and that dea								
	1/						itreet, city or town			ATE SIGNED	
ACTUAL SIGNATURE_	tarny.	600	motord	_ M.D	Cambric	dge, Me	d			5-3-61	
PHYSICIAN'S	Hammer T. Com		D Tra	(7L S.	- 		0 1			
NAME (Type)	Harry J. Cra						ospital,			Md	
3220. BJRIAL, CREM 3 REMOVAL (SO WHAL		1961	Crumpton	Cem	PRY	Crum	TION (City, town,	Q. A. C	011	nd.	
23 FUNERAL DIREC	TOR'S SIGNATURE	-	ADDRESS			D BY REGIS		STRAR'S SIG			
	when more	May we	Willing to	Pill 21	DATE M	IAY 5 '	61 6	irthur S.	thrus		
				_							



557.0

- M	M	KYLAP	AD 2	IAIL	DEF	'AKII	WFN	I OF	HEA	ALTH	
NOISIVIC	OF:	STATISTIC	CAL RI	ESEARCH	I AND	RECOR	DS —	BALTIM	ORE	I, MAR	/LA
		-	'CD'	TIEIC	ATE	OF	DEA	LITA			

	Ve	740		CERTI	FICA	E OF DEA	TH					55	7.5	
1.	PLACE OF DEATH	Dorchester	•	MAR	RYLAND	2. USUAL RESIDEN	CE (When	e deceased		institutio OUNTY	n: Residen Talb		e admiss	ion]
	RURAL ond give ne	f outside corporate I mi corest town) Cambridge	s, write	6. LENGTH OF STA	. "	CITY OR TOW	vn (If out asto		rate limils,	write Rt	JRAL and g	give nea	rest towr)
	d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g Eastern Sho	re S	tate Hospi	tal	d. STREET ADDI		ery I	ane -	- Bo:	x 7	•		DENCE FARM? NO 🔀
	NAME OF DECEASED (Type or print)	Fir Elv		Midd	le	Horton		OF DEATH	Ma	Mont	th	21		reor 19 61
S :	Female	White	WIDOWE		ED 🔲	1901 ?			9 AGE 1		IF UNDER Months	T YEAR Days	IF UNDE Hours	R 24 HRS Min
†0a	USUAL OCCUPATION during most of world HOU	ON (Give kind of work ing life, even if retired SEWIIE	dane 10b	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE Virg	(State of	foreign ci	ountry)			U.S.		OUNTRY?
13.	Everett	McPeak				14. MOTHER'S MA			Peak					
1\$. , ^Y #	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N 13-22-53	00	formant [ospita] R	ecor	ds		Addr	011			
		TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (e), (b), and (c Chronic My	,	litis						ONS	RVAL BE ET AND EV.	DEATH
	Conditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (Diabetes N	(elli	cus						1	ę	11
CERTIFICATION	PARY 11, OFF	HER SIGNIFICANT CON	DIT ONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	ETERMIN	ALD SEAS	E CONDIT	ON GIV	EN IN PAR	T 1(o) 15	PERFO	NO
L CERTIF	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRED	(Enter nature of in	pury in Po	rt I or Por	t II of item	1B }				
MEDICAL	20c TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While of worl	Not while at work	20e, PLA foci	CE OF INJURY (Homory, street, office bloom	ne, farm, dg , etc.)	20f (City	or fown]		((County)		(Stote)
	saw the deceas	it (1) (this haspital sed alive an Ma	outlend	ed the deceased	d fram. I	Peb. 16 eath accurred a	10;1	OA M V, fram	May the cou	21 ses an	d an the	I, the	stated	we) last above.
	220 SIGNATURE	Cir:	ill	Viru	Λ.	ATTENDING PHYS.		CTOR 🗆	STAFF PHYS.				22 2] av 4	SIGNED
	22c PHYS CIAN S NAME (Type)	Dr. Simon		utis		22d ADDRESS Easterr	n Sho	re Si	tate :	Hosp	ital,		· ·	/ 7 -/-
	ELAILL	N, 23b. DATE THEREC		23c. NAME OF CE	METERY OR	CREMATORY		23d LOCA	TION (City		750	· Ki	(Stat	9
24	FLNERAL DIRECTOR	S SIGNATURE		ADDRESS		25	a REC'D	BY REGIST	rar 29	b REGIS	TRAR'S SI	GNATUR	E	

that & three

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exampled within the death. Page 4 may need by the haspital an attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely fulled may the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremotion, an removal, and in any event, within 72 haurs after death.

ofter death. Page 4

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ADDRESS

CC IPTE FUNERAL SERVICE. CALERIDGE

Rea, Dist. Nol.)

e S RESIDENTE

Year

19 61

Hours Min

TEUNDER TYPAP IE HNDER 24 HPS

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

CAMBRIDGE. MD. 216 HIGH, STREET.

INTERVAL BETWEEN

Instant

PERFORMED? NO.

(State)

and in my

DATE SIGNED

(Stote)

(County)

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

REC'D BY REGISTRAR

DATMAY 3 1 '61

MARYLAND

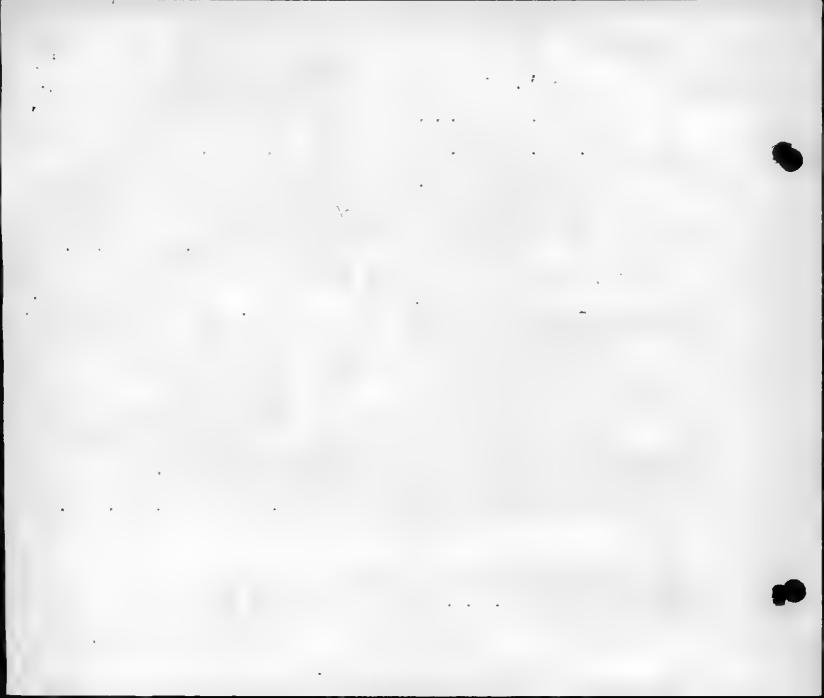
Instant

Months

YES NO TOY

VS. ATSME

23. FUNERAL DIRECTOR'S SIGNATURE



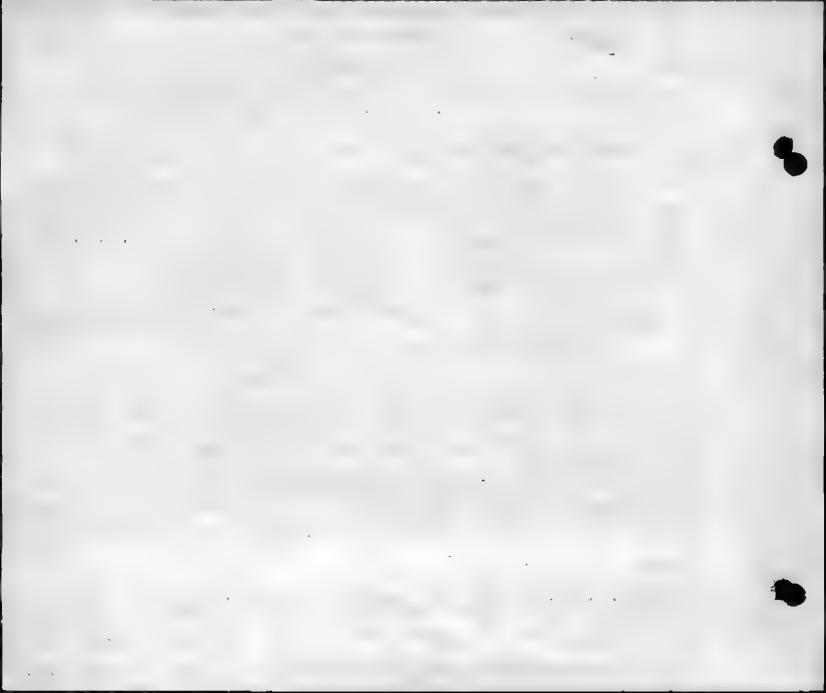
moy be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 15538

4	o. COUNTY Dord	nester		MARYLAND	0.	STATE Marylan		b COUNTY	Doroh	ester	HON)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge			ngth of stay in 16 hrs. 40 min	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						1)
	OR INSTITUTION	at (If not in hospital, giver - Maryland		•	d	STREET ADDRESS Route					FARM?
	3 NAME OF DECEASED (Type or print)	First		Middle		Jones	4. DATE OF DEATH	Mon			Year 19 61
	s. sex		MARRIED 🔲	NEVER MARRIED K		19/61		9. AGE (in years lost birthday) yrs.		Days Hours	Min 40
	100 USUAL OCCUPATIO during most of worki NONE	N (Give kind of work doing life, even if retired)	10b. KIND (STRY 1	Maryland	or foreign co	ountry)		S. A.	
	13 FATHER'S NAME Cleion S	ylvester Jo	nes			mother's maiden i Rhoda Evol		skson			
	S. WAS DECEASED EVER		ES? 16. SOCIAL		oda	Jones - Ca	umbrid	Add ge, Mary		Route #	<u>-2</u>
	Conditions, if on gove rise to in cosse (o), stoling t lying course lost.	y, which (b)_ mediate (Dus To	Premat		T NOT R	ELATED TO THE TERMI	INAL DISEASE	ECONDITION GIV	EN IN PART	PERFO	
	THE EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		OCCUPRED 1200 P		r noture of injury in I					
	20c. TIME OF INJURY Heur o. m. p. m.	19	While N	lat white fo	ictory, st	reet, office bldg., etc	.)	or rownj	(6)	ounty)	(State)
	alive an 5/	of I attended the of 19	deceased from			19 <u>61</u> , ta <u>5</u> - rred at 7:3 0_ <i>L</i>	M, fram		ind an th	e date state	
		J. Edwin F				*					
	220 BURIAL, CREMATION REMOVAL (Specify) Burial	5-19-61		Bucktown (terv	Route	ON (City, town, o	nbride	(Stote	•
	23. FUNERAL DIRECTOR'S	SIGNATURE,	b R	peute 2	Car	24a. REC'	D BY REGISTI	RAR 246. REGIS	STRAR'S STO	NATURE / Conta	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 5550 Reg. Dist.(bid.) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY b. COUNTY MARYLAND Dorchester Marvland Dorchester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Madison Madison d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT NAME OF Middle 4. DATE Month Doy Yeor DECEASED DEATH (Type or print) Robert Hanson 1961 Kane Mav 10 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. AGE (In years lost birthdoy) Months Male WIDOWED [DIVORCED | Negro 647 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farmhand Farming Dorchester Co.. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Emilv Opher 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Yes 212-18-1823 Malissa Chester, Madison, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Heart Disease IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES NO I 206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) loctory, street, office bldg , etc.) Hour o.m. MEDI Not white of work of work 21. 1960, to May 10. 1961 that I lost saw the deceased 21. I certify that I attended the deceased fram Jan alive on , and that death occurred at_____M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE 227 Pine St., Cambridge PHYSICIAN'S NAME (Type) Edwin Fassett.M.D 220 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) burial 5/15/1961 Madison, Maryland Malones Cemetery 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR

Cambridge, Md.

DATE AY 1 8 '61

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funeral director, ald be filed with ofter death. phoods Pages ofter de attending <u>~</u> کر any te has been signed burial-transit perm attending physician Sp 프용 VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Page e. COUNTY e. STATE b. COUNTY al director. Pagi for your files. REARINGALIS **DECITY OR TOWN** (If outside corporate limits, c. TENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, welle RURAL and give neerast town) write RURAL and give needs town NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS the funeral of sained for the State Box NAME OF DATE 4. Month DECEASED OF (Type or print) DEATH death. I 8 COLOR OR RACE OF N DATE AGE (In years | IF LINDER 1 YEAR NEVER MARRIED bighday) EN WIDOWED DIVORCED 2, En 10s. USBAT OCCUPATION (Give kind of work KIND OF BUSINESS OF INDUSTRY 11. BIRTHP. A.C.E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) IJ. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. LIZE INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ■lo∎g trensit p PART I DEATH WAS CAUSED BY should be exing" in pencil i IMMEDIATE CAUSE (a) DUE TO buria Conditions, if any, which [b] gava rise to immediata cause 10 **DUE TO** 60 (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY CERTIFICATION plnous 20s. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18,) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 AEDICAL 20d. INJURY OCCURRED 1 20s. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) fectory, street, office bldg., etc.) While 2 Not While lat work ! at work O.R. P Inspection \ F 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry be forwarded to death resulted from. Natural causes Accident Suicide Homicide Updefermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL SIGNATURE EXAMINER'S. NAME (Typa) Address (Street, city, town BURIAL CREMATION. 226. NAME OF CEMBTERY OR CHEMATORY LOCATION (City, toyin, or country) REMOVAL (Specify) 240 P FUMERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 5

e. IS RESIDENCE

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(State)

and in my opinion

DATE SIGNED

YES.

(County)

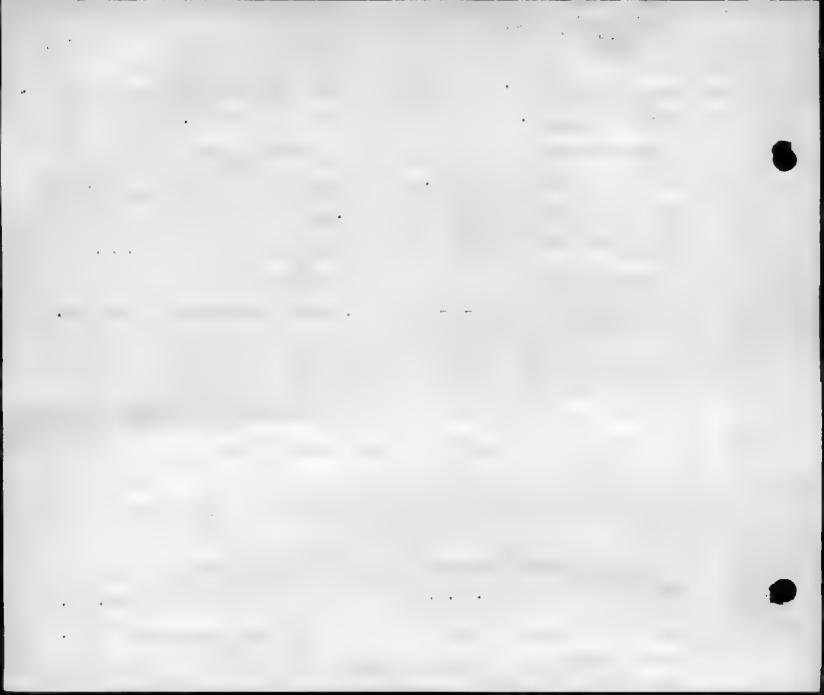
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ON A FARM? YES NO

VS. A15ME 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a for your files. Board of Health, a. COUNTY is necessary, director, Page a. STATE b. COUNTY Dorchester Co: MARYLAND Maryland Dorchester Co. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) East New Market, Md. East New Market, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? refained he State E YES NO Cedar Grove Beach Gedar Grove Beach death. 3. NAME OF First Middle Month Year DESCRIPTION OF THE PERSON NAMED IN COLUMN 1 to the OF the (Type or print) with h DEATH Walter 19 61 Kurth May hours after occurs Pages 1, 2, and 3 th A3. Page 5 may b lages 1 and 2 with within 72 hours af .5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Male White WIDOWED [DIVORCED Aug. 22, 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PM3. Pages 1 Pages 1 within 7 Operate Beach Resort Beach Resort Kansas U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Give Gustave Kurth File Fredericka Tilman Office along with form burial-transit permit. File noval, and in any event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address pezcil in Item 18. (Yes, no, or unkown) | (Ifyesgivewerardatasofservica) East New Market, Md. 217-03-0408 Mrs. Walter Kurth 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] INTERVAL BETWEEN Instant PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) removal, **DUE TO** Conditions, if any, which (6) gave rise to immadiate cause 40 "pending" g the word "pending f Medical Examiner's should be used as a DUE TO (e), stating the undarlying 6 cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO I EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ease execute the certificate, writing should be forwarded to the Chief / FUNERAL DIRECTOR; Page 3 s ifs designated agent, prior to buria Month, Day, Year 20c TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (State) Not While fectory, street, offica bldg., atc.) While Hour a.m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry and in my op nion death resulted from: Natural causes X Homicide Accident Suicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 5/25/61 EXAMINER'S John Mace Jr. Address (Street, city, town, or county) Cambridge. M.D. NAME (Type) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country REMOVAL (Specify) 240 g East New Market Cemetery East New Market | 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME DATMAY 3 1 '61 arihur S. Kraus SM 9/60 LeCompte Funeral Service Cambridge, Maryland



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Il 2. USUAL RESIDENCE (Where decassed lived, If Institution Residence before edmission) 1. PLACE OF DEATH director. Pervour files. a. COUNTY **b.** COUNTY Dorchester Co. MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporata l.m.ts, write RURAL and give nasrast town, Board of L write RURAL and give nearest town) Bar Neck 20 Years Bar Neck d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . STREET ADDRESS be retained the State B Bar Neck R.F.D. Bar Neck 3 NAME OF Middle 4. DATE Month to the i DECEASED OF DEATH ige 5 may be re and 2 with the 72 hours after of (Type or print) Rudolph Barus Lieber May 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OF RACE 7. MARRIED TO NEVER MARRIED 1 8. DATE OF BIRTH deat d 3 last birthdey) | Months WIDOWED [DIVORCED Male Jan. 5. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) Page es 1 an dona during most of working file, even if retired) ve Pages 1 PM3 Pag pages 1 Salesman Retired Indiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME form P. G. File pa Albert Lieber Alice Barus 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address with for permit. (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Mrs. Rudolph Lieber 1077-07-01.01 Bar Neck R.F.D. 18 CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) e along v I-transit p PART I DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) pencil rr's Office a s a burial-tr removal, a DUE TO Conditions, if any, which gave rise to immediate cause "gaibaeq **DUE TO** (a), stating the underlying Examiner SE used a PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,6) 19. WAS AUTOPSY 9 e word Medical should be 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the Chief / R: Page 3 s rior to buris 1 20d. NJURY OCCURRED 206. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour a.m. at work at work should be forwarded to the PUNERAL DIRECTOR: its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry Natural causes 🛣 Accident Suicide Homicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 5/16/61 John Mace Jr. NAME (Type) Address (Streat, city, town, or county) 9926 , 22e. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₩40 p Indianapolis Indi

LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

Dorchester Co.

. IS RESIDENCE ON A FARM?

YES WO

19 61

Hours

INTERVAL BETWEEN

PERFORMED?

NO A

(Stote)

and in my opinion

DATE SIGNED

Indiana

1 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

Cirling S. Frank

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VS. A15ME

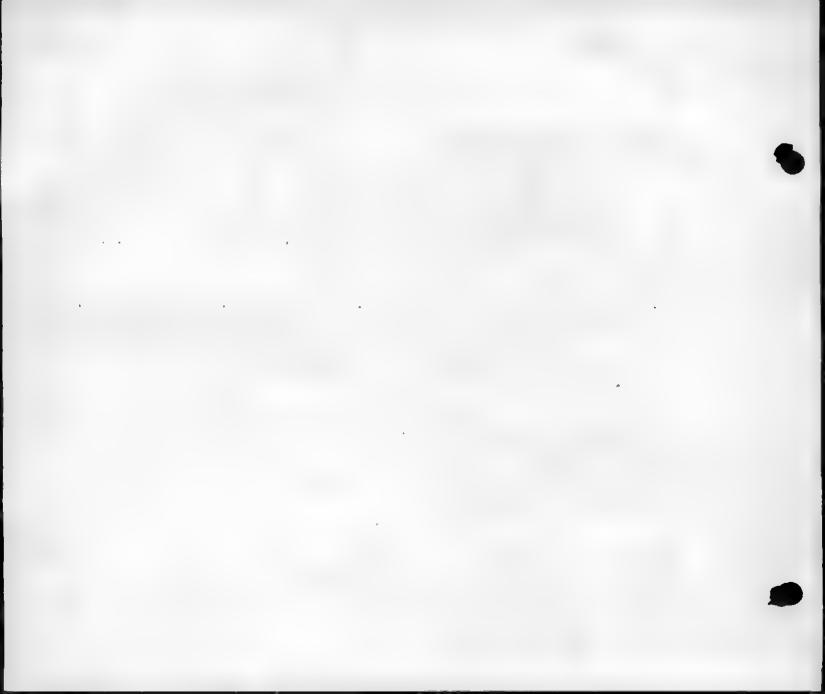


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CERTIFICATE OF DEATH

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\$ 1 N	Λ		Cambride	ge	3 days			alsburg -	- Rural	
की के से			OR_NSTITUTION	AL (IF not in hospital, give stre		. STREE	T ADDRESS			e. IS RESIDENCE ON A FARM?
2 d 2	1)		Combridge	ge-Maryland Ho	spital		Eldor	ado Road		YES 🔀 NO 🗍
- 5 M	1	3,	NAME OF DECEASED	First	Middle		Last	4. DATE OF	Month	Day Yeor
ithin Pages death.			Type or print)	Norman	Clintor			DEATH	May	27 1961
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an o an o sarb in 7		13.	FATHER'S NAME	_			R'S MAIDEN N			
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atte artifi as f		K			I. INJURY OCCURRED	0e. PLACE OF INJUI			rn)	(County) (Stote)
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spite er l far riar			21. 1 certify the	at (I) (this hospital) atte	ended the deceased f	ram. 2112 2	23 196	61.10 MG	27 19	that (I) (we) last
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Moy E Punk, page 3 sh		230	BURIAL, CREMATIC REMOVAL (Specify)		23c. NAME OF CEMEN	ery or cremator t Cemeter			Laburg, Ma	
5 5 g =	,	24	FUNERAL DIRECTOR		ADDRESS	Manuel and	2So. REC'E	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
VR A15 (4)	175		J.J.Frampt	s signature Son, Fe	ederarsoms,	er'y rand	DATE,[[]]	v 2 '61	Cirthur S	1 Kraug
15M 9/59	4 3	-					241			



24a, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A1SME 5M 2/57 23 FUNERAL DIRECTOR'S SIGNATURE



72 hours after death.

page 3 should be detached for use as the burial-trainit permit. Then please memove the State Board of Health priar to burial, crematian, ar remayal, and in any event or

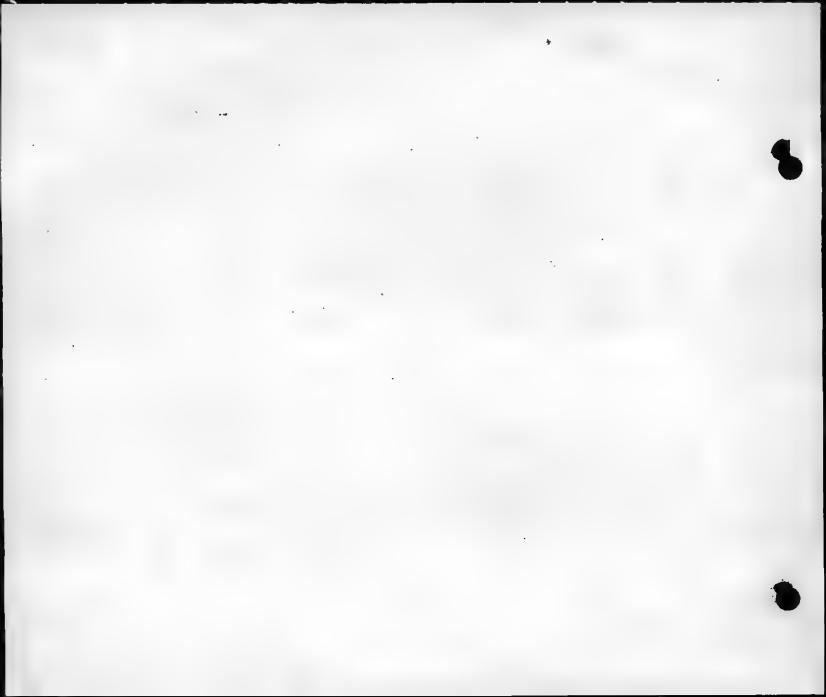
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CERTIFICATE OF DEATH

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I) !	o COUNTY orchester MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Reside a STATE b COUNTY	ce befare odm ssian)
_		b CTM ORTOWN (If obtside carporate limits, write RURAL and give negrest town) STATE OF STAY IN 16 STATE OF STAY IN 16	c. CID OP TOWN (If antide corporate limits, write RURAL and	give nearest town)
		OR INSTITUTION PUSHER MUSERAL HOLD IN hospital, give street oddiess!	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) 501/12 Harper Middle M2	Trine 4. DATE Month OF DEATH J	Doy Yeor 1961
	S. !	SEX 6 COLOR OR RACE 7 MARRIED [NEVER MARRIED [] B	B. DATE OF BIRTH 7/20/1874 9. AGE (In yeors If UNDE Set) Circhdoy) Manths	R I YEAR IF UNDER 24 HRS Days Hours Min
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1	13 (FATHER'S NAME Harpen	MOTHER'S MAIDEN NAME LORD	6410
/	15	NAS DECEASEDEVER IN J S. ARMED FORCES? 16 SOCIAL SECURITY NO. 177 N., no or unknown (.f yes give wor or doles of service)	romany Morine Parte	race, Mil
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	estine heart diases	INTERVAL BETWEEN ONSET AND DEATH
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		21 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 5 1961, and that deceased	eath accurred atM, from the causes and on the	
		220 SIGNATORE	ATTENDING MED. STAFF	22b.DATE SIGNED
		HAME (Type) Harold B. Plummer	Preston, Md.	
	23/	SURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF SEMENTAL SURVEY STATES OF CEMETERY OF SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SEMENTAL SURVEY SURVEY SEMENTAL SURVEY SURVEY SEMENTAL SURVEY	R CREMATORY 230/LOCATION Kity, town or equally	Shiel
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived, If institution, Residence before admiss on) a. COLNTY Lorchester Marvland b. COUNTY I prohisties MARYLAND b. CITY OR TOWN (if outside corporate I'm is, c. LENGTH OF STAY IN 16 of CITY OR TOWN (If outside corporate tim Is, write RURAL and give nearest lown) write RURAL and give nearest lown) Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Glasgow Convilescent Tona 319 Glenburn Ave., YES NO 3. NAME OF Middle A DATE Month DECEASED (Type or print) DEATH W. V ?. Norman ttison Talria le 19 6. COLOR OR RACE 7. MARRIED TH NEVER MARRIED 8. DATE OF BRITE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last b rthday) | Months | Days Hours , WIDOWED I W le D VORCED 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY , 11, B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working l'fe, aven if retired Retired Medical Boctor New York City U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tahlon Wettison Ellen Dalrimole 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address | aston. id., R. D. (Yes, no, or unknwn) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for si, (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMED ATE CAUSE (a) (de) r DUE TO oscleratio Conditions, if any, which gava risa to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING ... | 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part 1 of Item 18.)
OR CONTRIBUTING ... CAUSE OF DEATH |
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INLURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) factory street, office b dg , etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from. 22a. SIGNATURE 22b, DATE SIGNED ATTENDING death. 23 4 r DRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23d. LOCATION (City, town or county) rt Lircolm Coletery T' hir ton, .C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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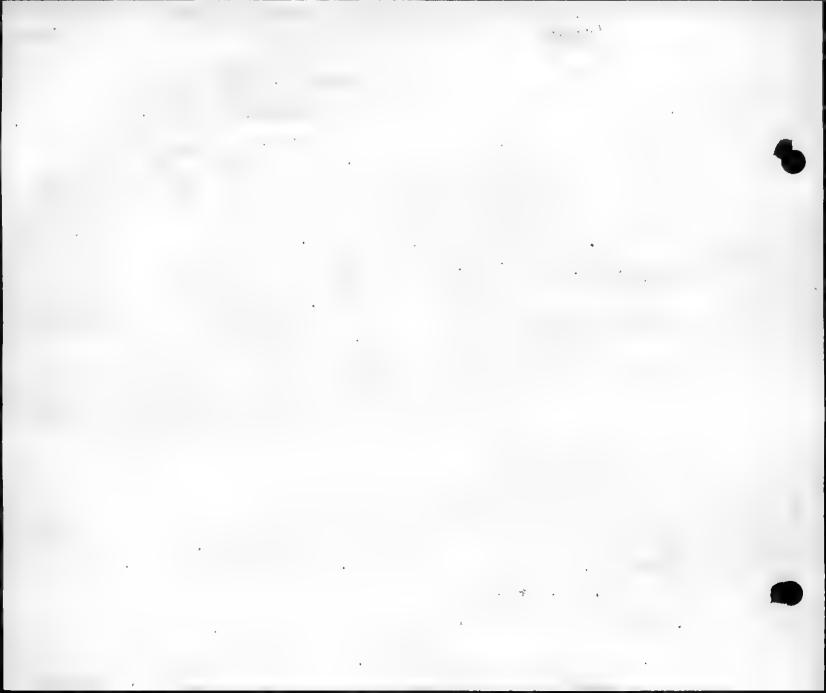
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15M 9/58

arily S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



of work of work

p. m.

23. FUNERAL DIRECTOR'S SIGNATURE

Simon Virkutis

22b. DATE THEREOF

1961

alive an May

ACTUAL

SIGNATURE PHYSICIAN'S

NAME (Type) 220 BUR AL, CREMATION,

DIRECTOR

VS A1S (4)

ADDRESS (Street, city or town, stole) DATE SIGNED M.D. Cambridge. Md Eastern Shore State Hospital Cambridge Md. Cemertery 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** arthur S. Kross

____, and that death accurred at 10 _ p_M, from the causes and on the date stated above.

21. I certify that I attended the deceased from March 31 ..., 1961, taMay 21 ..., 1961, that I lost saw the deceased

e. ES RESIDENCE

Hours

INTERVAL BETWEEN

PERFORMED? YES NOT

(Stote)

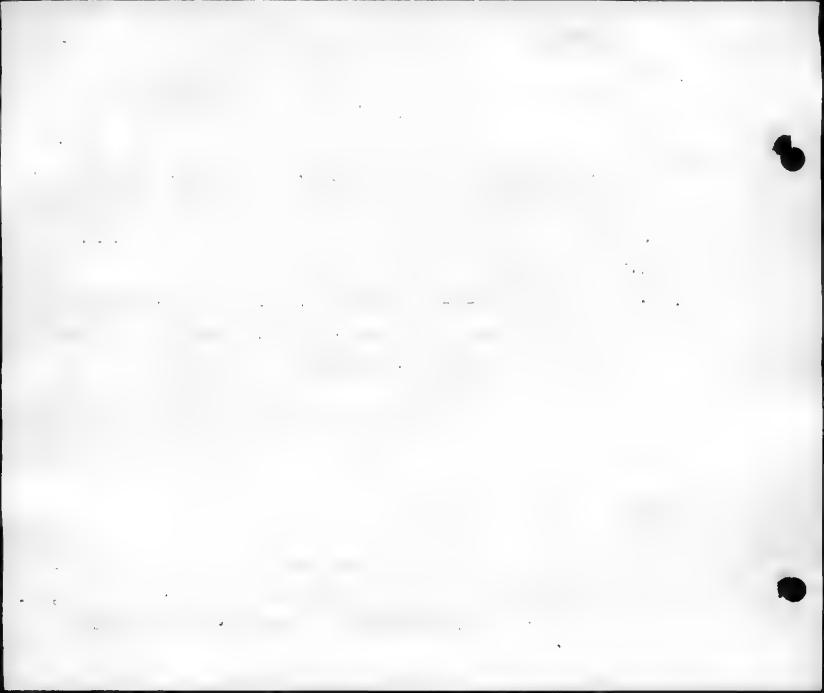
U.S.A.

(County)

ON A FARM?

YES IN NO I

1961



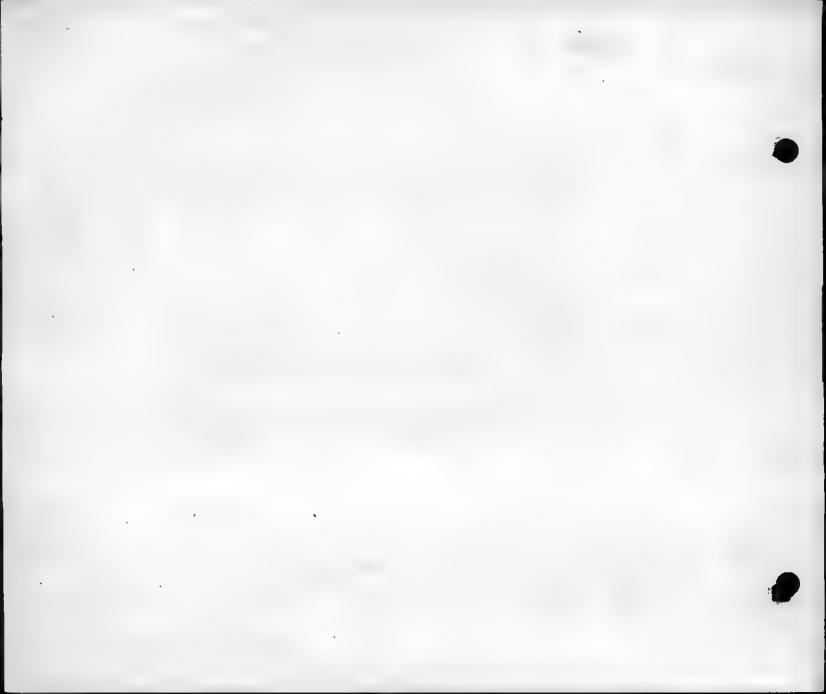


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	5562	CERTIFICA	TE OF DEATH			0.551
1 6	PLACE OF DEATH & ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		Finstitution Reside	ence before admission)
t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tows)	EL LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits	, write RURAL and	d give nearest fown)
	d. NAME OF HOSPITAL (If not in haspital, give street ac OR INSTITUTION	dress	d. STREET ADDRESS	len	1	B. IS RESIDENCE ON A FARM? YES NO
i	NAME OF DECEASED (Type or print) MAMAGET	Abn	11 2013	4. DATE OF DEATH	Month 5	Doy Yeor
5	e make little WIDOWED	<u> </u>	B. DATE OF BIRTH	7 1.7	pthdoy) Manths	ER 1 YEAR IF UNDER 24 HR Doys Hours Min
_	USUAL OCCUPAT ON (Give kind of work dane 10b Ki during most of working life, even if relified)	ND OF BUSINESS OR INDU	of hot 2	11km und	7 /	THE OF WHAT COUNTRY
	FATHER'S NAME	red	Margher Maiden	the new.	Flad	les'
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC no. or unknown) [II yes, give wer or dates of service]	OCIAL SECURITY NO. 17,1	Syle Mer	ee-7/1	aloc.	k.m.s
	1B CAUSE OF DEATH [Enter andy one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for (a), (b), and (c) j	if throm	bosis		ONSEL AND DEATH
	Conditions, if any which (b)	arteri	Scleratie	Heart	Disea	20 Year
_	gove rise to immediate cause (a), stating the under lying cause lost.		. ,,,			
CATION	PARY II. OTHER SIGNIFICANT CONDITIONS CO					PERFORMED?
A CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		ED (Enter noture of injury in		r 18)	
MEDICA	Hour o. m. While		LACE OF INJURY (Home, form actary, street, affice bldg. etc			(Caunty) (Stat
	21 I certify that (i) (this haspital) attende saw the deceased glive an Nay 3	/ (death accurred at 114	0	1	he date stated above
	22a. SIGNATURE Jason 2	1 yeen	M.D. THYS	ED STAFF	0 /	May 5, 196
	22c PHYSICIAN'S (JASON F	. G. YEE	MD Hu	rlogh	Ma	y conf
	REMOVAL (Specify)	236-MAME OF CEMETERY	OR CREMATORY	230, 19 CAT ON (CIT	e L	That
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / This	Market DATE MI		Sto REGISTRAR'S!	

TO HOSPITATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meaning after death. Page 4 may be a by the haspital or attending physician.

TO FUNE WIND TRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 should be fived with the State Baard of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

564	CERTIFICATE	OF	DEATI
304	CEKTIFICATE	OF	DEAII

Reg.	Dist.	No.	U	5	5	5	17	
------	-------	-----	---	---	---	---	----	--

PLACE OF DEATH				IDENCE (Where d			n: Residence	before adm	ission)
COUNTY DORCH AS	TR, CO.	MARYLAND	o STATE	ARYLAND		. COUNTY	DORCI	ESTER	, CO.
b. CITY OR TOWN (If outside RURA), and give nearest I	de corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR	TOWN (If outside	corparate lir	nits, write RL	JRAL and gi	ve nearest to	wn)
CAMBRI'GE,	MARYLAND	1 WEEK		BRINGE,	MARYLA	ND.			
d. NAME OF HOSPITAL (IF	MARYLAND HO	oddress}	d STREET				5	ON	ESIDENCE A FARM?
	MARYLAND HO	PITAL	305		STREET		d d	YES	□ NO KIK
3. NAME OF DECEASED	First	Middle	Lo	1 4	DATE DF DEATH	Mont	h	Day	Year
(Type or print)	WILLIA		RRY SR.			5		15	19 61
	2 7 mm (Trans)	RIED MEVER MARRIED	8. DATE OF BIRT		9. AG	E (In years birthday)		YEAR IF UN	
	HITE widow			L6	1 41	Į yrs			
TRUCK DRIVER	te kind of work dane (95)								AT COUNTRY?
13 FATHER'S NAME		URLOCK PICKLI		CHOPTA	K, MAR	LAND.	\ U	S.A.	
CHARLES E.	DEDOV				-				
IS. WAS DECEASED EVER IN U		SOCIAL SECURITY NO. 17.	INFORMANT	CHAMBER:	2	Addr			
(Yas, no. or unknown) (II yes, 1	eve war or dates of service)	1 5 6 1 5 5 5		M PERRY	30ť I			7 4 3 7777 77	nan se
			vs withit	UN FERRI	<u>, 3∪5 :</u>	ENRY,	51. (CARBRI	
18. CAUSE OF DEATH [8	AS CAUSED BY:		v miinosono	OTO				ONSET AN	ID DEATH
7/3/ IMME	DIATE CAUSE (o)	CORONAR	Y THROMBO	1272				W	eek
Canditions, if any, wi	DUE TO								
gove rise to immed	iote (DUE TO								
lying couse lost.	der- (c)								
PANT I! OTHER SIG		CONTRIBUTING TO DEATH BE	JT NOT RELATED TO	THE TERMINAL I	DISEASE CON	DITION GIV	EN IN PART	I(a) 19, WA	S AUTOPSY
Š									FORMED?
PART I! OTHER SIC	PERLYING 206, DES	CRIBE HOW INJURY OCCUR	RED (Enter noture o	of injury in Part 1	or Port II of	tem 1B.)			
	AL EXAMINER)								
20c. TIME OF INJURY Mo			PLACE OF INJURY	Hame, form, 20	f (City or tov	rn}	(Cc	nanty)	(State)
Hour a.m.	19 While of wor	k ot while	factory, street, offic	a piagi, eici)					
21. I certify that Le	attended the deceas	ed fram 5-5-61	. 19	. to 5-1	15-67	10	that I la	ist sow th	e decensed
alive on 5-15-	61 / 19	, and that dea	_						
l olo the	JE1/3	1/2		ADDE	ESS (Street, c	ty or town,			DATE SIGNED
ACTUAL SIGNATURE	rTOGIL	were	м.р. 200	Maryland	l Avenu	e		5-19	9-61
									a allera de la copi copi copi copi copi copi copi copi
PHYSICIAN'S ALBI	ert e. bunke	R, M. D.	CAN	BRIDGE,	MARYLA	ND			
220. BURIAL, CREMATION, 22	b DATE THEREOF	22c NAME OF CEMETERY			LOCATION (City, town, a	r county)	(\$1	ate)
BENDANT IZ Decily)	MAY 19 1961	DO CHESTER	MEMORIAL	PARK (CAMBRIT	CE, M	ARYLAN	D.	
23 FUNERAL DIRECTOR'S SIGN	ER IL SERVICE	CAMBRIDGE,	MD.	24a. REC'D BY			TRAR'S SIGI		
TT 1 (A	T. (II D 10-10)	,		DATE MAY	31,61	a	illus S.	Tirall	



5565

DORSHESTER

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2 USUAL RESIDENCE (Where deceased lived o. STATE b

CERTIFICATE OF DEATH

MARYLAND

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If institution Residence before admission)

6 COUNTY

DHOSPIT OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 may be ed by the hospital or ottending physician.

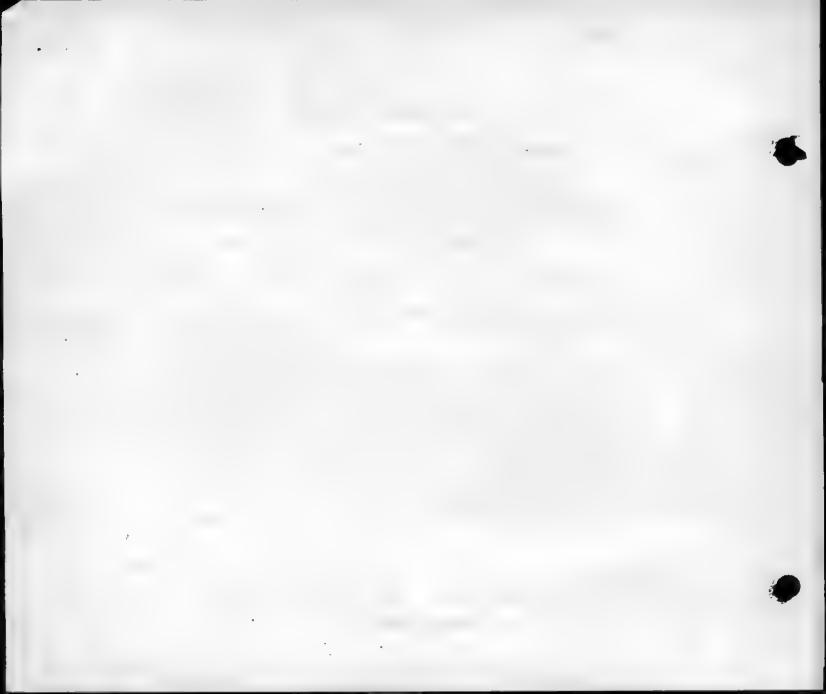
DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave corban pages 1 of the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

after death. Page 4

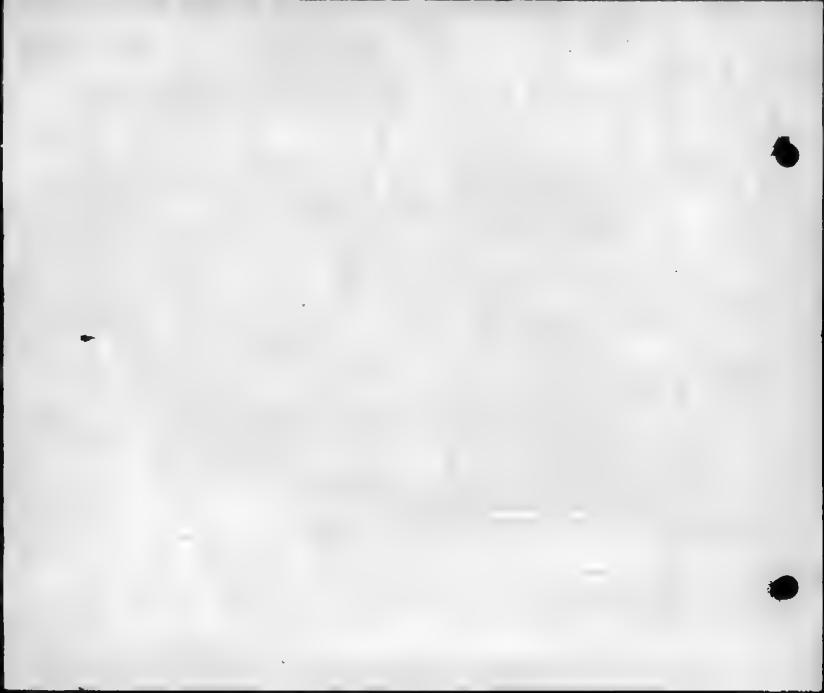
the funeral director, should be fi ed with

TO FUNER TO HOSPI VR A1S (4) 1SM 9/59

/	ì	. CITY OR TOWN (If o		write c. LENGTH OF !	STAY IN 16	c CITY OR T	OWN (If outside	e corporgie lin	nits, write RURAL	and give near	est fown)
		RURAL and give neare		2M05-1	WEEK	BAL	TIMORE	= (E	SSEX	}	
		NAME OF HOSPITAL		street address)	7	d STREET AL			7	0	IS RESIDENCE ON A FARM?
Κl		EASTERN	SHORE	STATE		Box 50	19-Ro	SUTE 7		~	YES NO
9	3 J	NAME OF	First	М	iddle	Lost	4.1	DATE	Month	Day	Year
		DECEASED Type or print)	EMMA	BLA	DES	PIER		OF DEATH	MAV	13	19 61
	5 9	EX 6	. COLOR OR RACE 7	MARRIED NEVER M		DATE OF BIRTH			E (In years (IF J		F UNDER 24 HRS
	FI	MALE	WHITE	VIDOWED DIVO	ORCED [TUNE	10 18		birthdoy) Mor	Ths Days	Hours Min,
	100	USUAL OCCUPATION during most of working	(Give kind of work do	ne 10b. KIND OF BUSINE	SS OR INDUSTR	Y 11 BIRTHPLA	CE (State or fo	reign country)	12	Z CITIZEN OF	WHAT COUNTRY
		MANAGE		HOTEL		M	ARUL	AND		US	A
	13	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
-		DAVII	D EVANS			ELIT	ABET	H DA	NUGHE	RTV	
الر-		WAS DECEASED EVER IN			NO 17 INFO	RMANT			Address	121-7	
	٠.	KNOWN.	res. give wor or ordered or serv	218-05-714	18 140	SPITAL	L REC.	ORDS	,		
			Enter only one cous	e per line for (a), (b), one							VAL BETWEEN
		PART I DEATH	WAS CAUSED BY AMEDIATE CAUSE (o)_	COROL	YARY	THROI	MB031	2		I ONZE	T AND DEATH
		420	DUE TO		,	7 7 1 1 1 1					,
		Conditions, if ony,	which) (b)_	ARTERIA	Sc. I E F	20515				OUI	ER LIMO
		gove rise to imm couse (a), stating the	rediote (7-11-11-11-11-11-11-11-11-11-11-11-11-11							
		lying couse lost.	(c)_								
	NOITE	PART II OTHER		TIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE CON	DITION GIVEN IN		. WAS AUTOPSY PERFORMED? YES NO N
	CERTIFICATION	20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 3 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	CAL	20c. TIME OF INJURY	Month, Doy, Year	20d NJURY OCCURRE	20e PLAC	E OF INJURY (H	lome, form, 20	Of, (City or lov	vn)	(County)	(Stote
	MEDICAL	Hour o.m	19	While Not while of work of work	_	ry, street, office	Diag., etc.]				
		21 I certify that i	Dr/this haspital)	attended the decea	sed from	ARCH	6 1061	, to MA	V /3	1941 tha	It (We) las
		saw the deceased	MAIN						auses and ar		
		220 SIGNATURE			0.00		1	.,		7 110 00.0	22b. DATE
		Harry	2 Gran	stord	M.I	D PHYS	☐ MED □ DIRECT	OR PH		1AV.13	JAL I
		22c PHYSIC AN'S NAME (Type)	0	0		22d ADDRE	55			177	- /
		HARRY	J. CRAW	FORD		EASTE	RN SH	ORE S	TATE H	OSP,T	AL
ń	23a	BURIAL CREMATION.	May 16,	1961 CRIS	CEMPTERY OR C	REMATORY		LOCATION I	rielL,	unty) Md	(State)
	24	FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	1. , , , ,	hard	250 REC'D BY	REGISTRAR	25b REGISTRAR	R'S SIGNATURE	
		Y, Harven	1 Brade	how, ori	efield	irna	DAREAY 1 8	'61	(1-11	9 5	
		0			U						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5566 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND ORCESTER PARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) 2/2 mas. ROCK HALL CAMBRILLE d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE ON A FARM? EASTERN SHORE YES 🗍 NO 🔽 3. NAME OF 4. DATE Day Year DECEASED OF DEATH 19 6/ (Type or print) 12. GEORGE ALBERT 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9 AGE (In years lost birthday) Months UNKNOWN WIDOWED TO DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. RETAIL SALES STORE KEEPER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN Address Mo. UNKNOWN 220-03-4268 STANLEY PLETZER RFD CHESTERTONN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBURL HEMMORRHAGE 1-0-IMMEDIATE CAUSE Io) DUE TO UNKNOWN Conditions, if ony, which ARTERIO SELEKOSIS gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19 WAS AUTOPS PERFORMED? YES NO T 20%. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. Not while of work of work D. M. 21. I certify that I attended the deceased from FER 28 , 1964, to Max 5 , 1964, that I last saw the deceased _ 12.6/___, and that death accurred at 4.30 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL MD. REDZ CANGRIDGE, MD. SIGNATURE PHYSICIAN'S LONGLE EORGE NAME (Type) FUNE 220, BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) (State) page 23 FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Einhart & House DATE



urs after death. Page 4 by the funeral director may be fined by the haspital or attending physician.

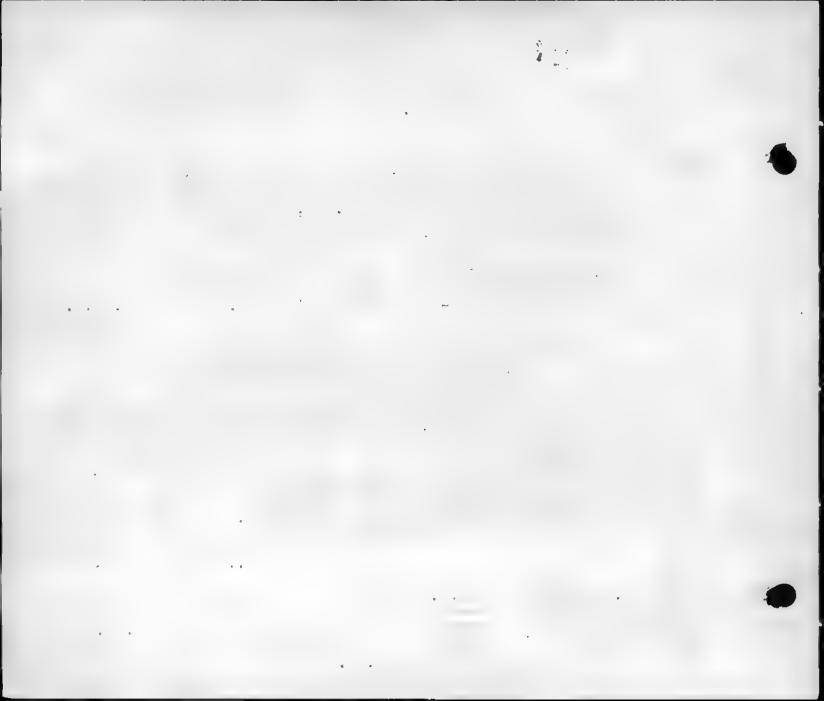
DIRECTOR: After this certificate has been signed by the attending physician and campletely full page 3 you'd be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours often death. OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		5567		CERTIFIC	ATE C	F DEAT	Н		Reg. Dist	, No. U	5558
		Dorchester		MARYLAND	2. USUA a. STA	TE	here decease	ed lived. If institution b. COUNTY	-	before or	
	b. CITY OR TOWN (II RURAL and give no Cambri		write	30 yrs.	c. CIT		outside carp	orate limits, write R	URAL and giv	re nearest	tawn)
-	OR INSTITUTION	At (If not in hospital, give idge Mary)		ddress)	_ d. \$T	REET ADDRESS RFD	1	<u> </u>		0	RESIDENCE ON A FARM?
-	NAME OF DECEASED (Type or print)	Ethel		Middle	D4	Lost	4. DATE OF DEATH	Man	th	Doy	Yeor
_	SEX		MARRI	Garrett ED M NEVER MARRIED	B DATE O	chards	DEATH	9. AGE (In years last birthday)	UF UNDER 1	YEAR IF	1961 JNDER 24 HRS.
	Female		/IDOWEI		Mar.	22. 1	908	lost birthday)	Months 0		ours Min
t Oo	during most of work	IN (Give kind of work doing life, even if retired)	ne 105 K	IND OF BUSINESS OR INDU	STRY 11 B	IRTHPLACE (Stale	_		12. CITIZ	EN OF W	HAT COUNTRY?
13	Teache	er		Teaching		New Jer			i	USA	
		Oliver Ga	rre	tt	14 ///0	INEK 3 MAIDER 1	Lu	cy Cole	ama n		
		IN U. S. ARMED FORCE		OCIAL SECURITY NO. 17.	NFORMAN	7	200	Add			-
``	No	****	21	5-38-0070	Rober	ct Rich	ards	Moores	stown.	N.	J.
		TH [Enter only one cause	per line							INTERVA	L BETWEEN
		TH WAS CAUSED BY: TMMEDIATE CAUSE (o)_	Ce	rebral Vasc	ular	Hemorr	hage				day
	13										
	Canditions, if an	nmediate (Iype	<u>rtensive Ca</u>	rdio	vasculs	r Di	9888			
	cause (a), stating t lying cause last.										
Z	PART II. OTH	ER SIGNIFICANT CONDI	IONS CO	ONTR BUTING TO DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PART	(a) 19. W	/AS AUTOPSY
3		Corons	YTE	Insufficien	CV						ERFORMED?
CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.)										
MEDICAL CERTIFICATION	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d IN. While at wark			URY (Hame, farm, affice bldg., etc		y or lawn)	(Ca	unly)	(State)
	21. I certify the	at I attended the d	ecease	d from April	1 , 19	60 to Ma	w 3.	19.6	that I lo	et emur i	the deceased
	alive on	X10,110	12	, and that death	accurre	d at	M, from	m the causes a ifreet, city or town,	ind an the	date s	
	ACTUAL SIGNATURE	per	5/_		M D2	27 Pine	St.	, Cambri	dge,	1d.	5-5-61
	PHYSICIAN'S J.	Edwin Fas	set	t,M.D.				, -			
_	BURIAL, CREMATION REMOVAL (Specify)			22c, NAME OF CEMETERY O	R CREMATO	DRY	22d. LOCA	TION (City, Iown, o	er county)		(State)
	em-Burial			Moorestown	Ceme			restown		J.	
23.	unles	TH SHE	us	ADDRESS Comband da	- M.a		D BY REGIST		STRAR'S SIGN		

Cambridge Md

TO FUNS VS A15 (4) 15M 9/55

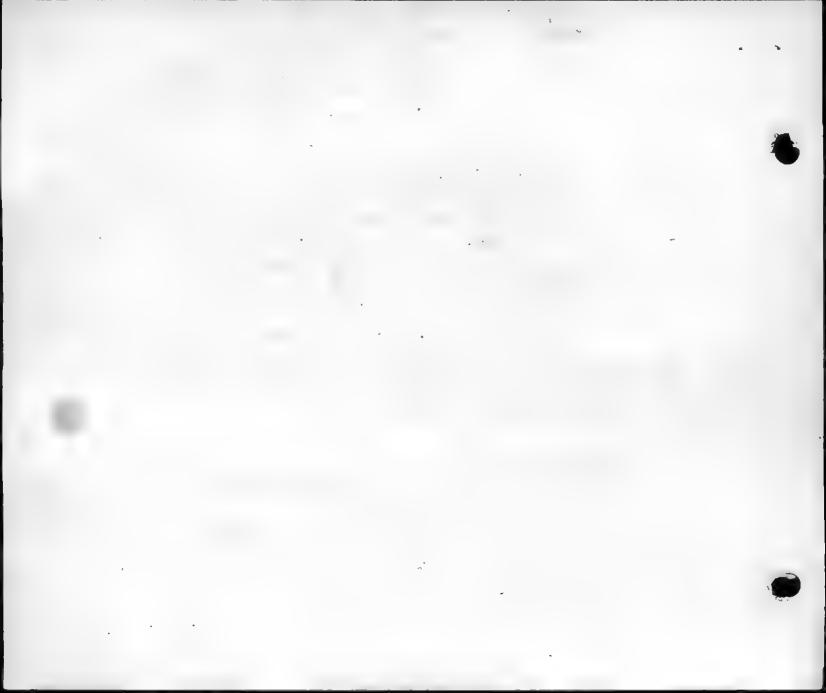


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5568 Rea. Dist. No I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Dorchester Md. Dor. MARYLAND uneral b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) a C RLRAI ond give neorest town) should l vr. rural Cambridge d. NAME OF HOSPITAL (If not 'n hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE Rastern Shore State Hospital ON A FARM? 706 Race Street YES NO DA Middle 4. DATE Month Year DECEASED May 31 ROBINSON BLAN CHE Poges (Type or print) LULA DEATH 61 19 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH ast birthday) Months Days Hours whi te female WIDOWED IN DIVORCED [7] cample popers. 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life even if retired) U.S. A. Md. HOUGH WIRE puo carbon ofter (J3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Amanda Bramble Marcellus Bramble attending physicia 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO INFORMANT Address no Hospital records none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic Heart Disease PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** permit. Conditions, if ony, which gned gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) 19. UTOPSY PERFORMED? has YES TO NO IX 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate OS MEDICAL 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Use Hour o m. While Not while at work at work 1962, to May 31, 1961, that I last saw the deceased 21. I certify that I attended the deceased from A ____, and that death accurred at 14.15 fpm, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL MD E.S.S. Hospital Cambridge, Ad. pe SIGNATURE ā 3 should PHYSICIAN'S registror Thomas J.Dredge NAME (Type) TO FUNER 220 BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 29d LOCATION (City lown, or county) (Stote) poge REMOVAL (Sporify) 23 FUNERAL DIRECTOR'S SIGNATURE 245 REGISTRAR'S SIGNATURE

REC D BY REGISTRAR

āUG.

VS A15 (4) 15M 9/58



VS A15 (4) 15M 9/55

MARYLA	AND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
5569	CERTIFICATE OF DEATH	Reg. Dist. No.
mbridge	-Maryland Hospital 2 USUAL RESIDENCE (Where deceased lived. If institution of the Colon	ution: Residence before

	5569	CERTIFICATE OF DEATH	Reg. Dist. No. (15557
	1. PLACE OF DEATH Cambridge - Mary o. COUNTY Dorchester	MARYZANO O. STATE Maryland	b. COUNTY Dorcheste
	RUPAL and give mearest town) (ambreage, Md.)	2 days. Hurtock	timits, write RURAL and give nearest town)
14	d. NAME OF HOSPITAL (If no lin hospital, give street ordered or institution and ridge - Maryla	vol Hospital 2 -	e. 15 RESIDENCE ON A FARM? YES NO 17
	3. NAME OF OECEASED (Type or print)	Middle Lost OF	Month 5 - 22 - 1961
	5. SEX Female 6. COLOR OR RACE 7. MARRIED [Colored Wildowed]	DIVORCED May 17	GE (In years of FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
		Home South Caro	lina What country?
1	13. FATHER'S NAME Unknown	14 MOTHER'S MAIDEN NAME Unknown	
/		AL SECURITY NO. 17. INFORMANT	Address
	No 215		lock, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g]	(a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH 2 CANA
	DUE TO) + + Col + +	+ - 06 . 2 . 2
	Canditions, if any, which gave rise to immediate DUE 30	mestinal obstruction du	to adhesing banks 2 days
	tying cause last. (c)	irterioscleratic Heart	Disease Jeans
	Part II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	PNDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS JNDERLYING [] 206. DESCRIBE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II o	if ilem 18)
		OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or foctory, street, office bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased frollive on 5-22-190/	TULL.	19 2 /, that I last saw the deceased the causes and an the date stated above.
	ACTUAL Jason 7. S. U	7 11(7/1	city or lawn, slate) 5-DATE SIGNED 5-22-6/
	PHYSICIAN'S JASON F. B.	YEE, M.D. Hurlock M	edical Center Hurlock Md
		ast New Market Cemetery East N	(City, lown, or county) Ow Market, Maryland
	13. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Don, Feders	ADDRESS 240. REC'D BY REGISTRAR DATE MAY 26'6	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5570 05558 **CERTIFICATE OF DEATH** Rea, Dist. No 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) b. COUNTY MARYLAND Dorchester Co. Maryland Dorchester Co b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cambridge, Md. Cambridge, Md. d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO D Queen Anne Ave. Queen Anne Ave 4. DATE Middle Month OF DEATH Edward Smith Mav 19 6] 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS lost birthday) Manths WIDOWED FT DIVORCED [7] EN OF WHAT COUNTRY? S.A. Ave. Cambridge INTERVAL BETWEEN

CAMBRIDGE

DATE

22d LOCATION (City, fawn, or county)

246 REGISTRAR'S SIGNATURE

arillary & Trough

Cambridge

240 REC'D BY REGISTRAR

(a) 19. WAS AUTOPSY

PERFORMED? YES NO

st saw the deceased date stated above.

(State)

(State)

DATE SIGNED

11111111	Barrier M.	_ 2000 / / 201/		4- 1		
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Stol	e ar fareign country)		12. CITIZ	
Farmer	Farming	Farming Linkwood, Md.				
ATHER'S NAME		14 MOTHER'S MAIDEN	NAME			
Edward P. Smith		Mary Ca	intville			
WAS DECEASED EVER IN U. S. ARMED FORCES		17, INFORMANT		Address		
No	Unknown	Mrs. James C.	Johnson	Queen	Anne	
18 CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c)]					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARCINOMA H	PROSTATE				
1'7') X DUE TO						
Conditions, if ony, which gave rise to immediate couse (a), stating the under-		· · · · · · · · · · · · · · · · · · ·				
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TER/	AINAL DISEASE COND	DITION GIVEN	IN PART	
206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OC	CURRED (Enter nature of injury in	Part I or Part II of it	em 18.)		
	20d INJURY OCCURRED While Not while It work at work	20e PLACE OF INJURY (Hame, for factory, street, affice bldg, e		nj	(Co	
21. I certify that I attended the de	ceased fram 8	1.6-57 , 19 , ta_	5-26-61	., 19,ı	hat I la	
alive on 5-21-61	12 and that	death accurred at 5:30	A_M, from the			
ACTUAL CLUBA FC. K	Mun /ar	/ MD 200 MAR		UE	5-	

22c. NAME OF CEMETERY OR CREMATORY

Cambridge, Md.

ADDRESS

Cambridge Cemetery

il director, filed with the funeral should be fil completely filled papers. Pages 1 ond o haspital or attending physician. After this certificate has been signed hed far use as the burial-transit permi removal detached far u DIRECTOR: shauld TO FUNE

VS A15 (4)

P098

after death.

PLACE OF DEATH

NAME OF

Male

5 SEX

10a

13

15.

CERTIFICATION

SIGNATURE

PHYSICIAN'S

NAME [Type)

220 BURIAL CREMATION, 276 DATE THEREOF REMOVAL (Specify)

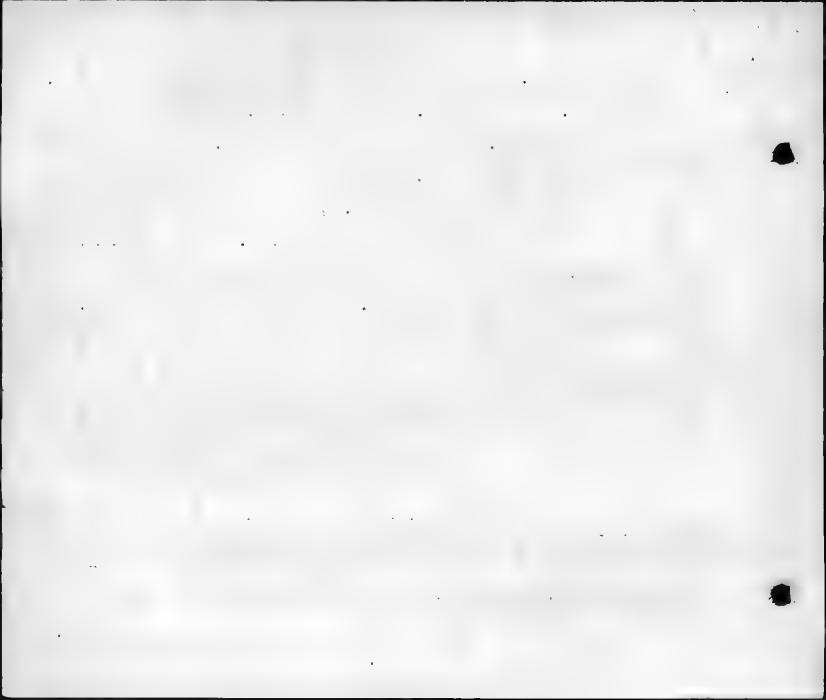
LeCompte Funeral Service

23. FUNERAL DIRECTOR'S SIGNATURE

ALBERT E. BUNKER. M. D.

May 28, 1961

(Type or print)



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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5571

CERTIFICATE OF DEATH

Reg. Dist. No. 05559

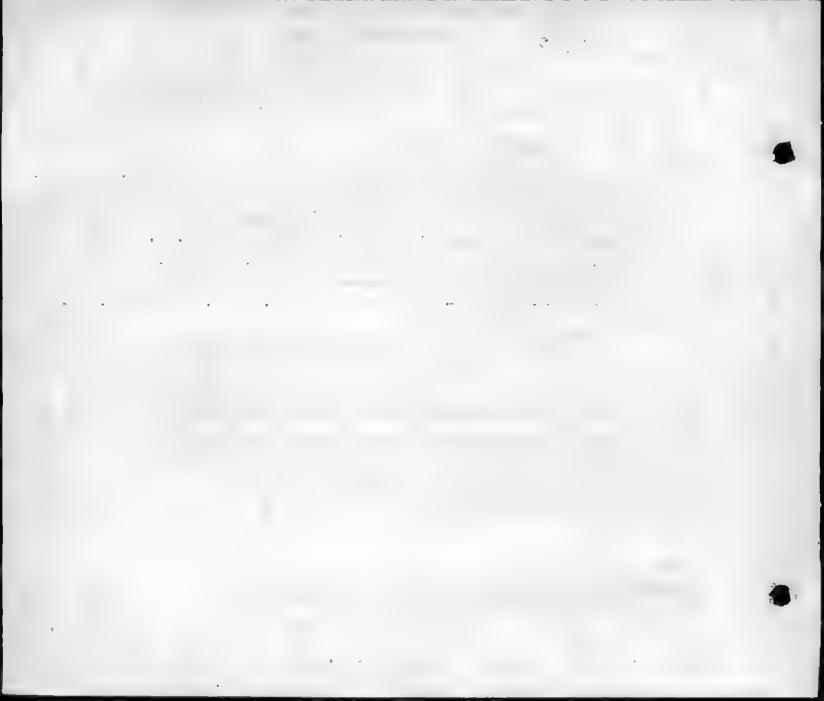
b CITY OR TOWN (if outside corporate limits, write RURAL and give necreal town) R.F.D. 3, Cambridge d. NAME OF HOSPITAL (if not in hospital, give street address) OR INSTITUTION Eastern Shore State Hospital NONE	1	o. COUNTY Dorche	ester		MARYLAND	2 USUAL RESIDER	NCE (Where d	deceased li	ived IF institut b. COUNTY	on Resider		e admiss	or)
RURAL and give neurest form) TUTAL Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) CANAME OF HOSPITAL (If not in hospital, give street address) R. F. D. 3, Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) Rastern Shore State Hospital 3. NAME OF First Middle THOMAS MEDFORD SPEDDEN THOMAS MEDFORD SPEDDEN S. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED 11/17/05 DEATH May 25 TO. USUAL OCCUPATION (Give kind of work done double with done double during most of working life, even if ret red contractor & builder 100. USUAL OCCUPATION (Give kind of work done double during most of working life, even if ret red contractor & builder 104. MOTHER'S MAME Thomas Spedden 114. MOTHER'S MAIDEN NAME Nettie Thomas 115. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 213-10-066 116. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) MIMEDIATE CAUSE (b) DUE TO Conditions, if only, which gove rise to immediate associate locate (a), totaling the under lying couse lost. (b) PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THETERMINAL D.SEASE CONDITION GIVEN. N. PART I(a) 179 WAS A CAUSE Brain Syndrome assoc. with metabolic disturbance, asthmatic crisis TO ACCUPATION GIVEN AND N. PART I(a) 179 WAS A CAUSE Brain Syndrome assoc. with metabolic disturbance, asthmatic crisis TO ACCUPATION GIVEN AND STATE AND INTERVAL BET ON SET AND INTERVAL BET	-			write _c_fENC		CITY OF TO	White autoid	da cornarat	a Brancia surrida D	200		nest town	1
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OR INSTITUTION Bastern Shore State Hospital NONE NO	-				yrs.		/	auf Dr. FC	ıge		-	10.050	IDEL CE
3. NAME OF (Type or print) THOMAS MEDFORD SPEDDEN 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 11/17/05 9. AGE (In years IF UNDER LYEAR IF		OR INSTITUTION					NE22					ON A	FARM?
Thomas Medford Spedden Sex		Eastern Shore	otate no	spital		NONE						YES [NO [X]
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 11/17/05 10/15/19/19/19/19/19/19/19/19/19/19/19/19/19/	3.					Last					Da	у 1	reor
male white widowed by divorced 11/17/05 by state by the wind of work done during most of working life, even if ret red) auring most of working life, even if ret red) CONTRACTOR & BULLDER Md. 13. FATHER'S NAME Thomas Spedden 14. MOTHER'S MAIDEN NAME Nettie Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 10 INFORMANT Address 16. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Coronary Thrombosis DUE TO Conditions, if only, which gove rise to immediate course (a), stating the under-lying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1 (a) 19 WAS A PERFORMANT OR CONCENTRACTION OF DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1 (a) 19 WAS A PERFORMANT OR CONCENTRACTION OF DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1 (a) 19 WAS A PERFORMANT OR CONCENTRACTION OF DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1 (a) 19 WAS A PERFORMANT OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1 (a) 19 WAS A PERFORMANT OR CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1 (a) 19 WAS A PERFORMANT OR CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION OF THE PART 1 (a) 19 WAS A PERFORMANT CONTRIBUTION CONTRIBUTION CONTRIBUTION OF THE PART 1 (a) 19 WAS A PERFORMANT CONTRIBUTION CONTRIBUTION CONTRIBUTION OF THE PART 1 (a) 19 WAS A PERFORMANT CONTRIBUTION CONTRIBUTION CONTRIBUTION OF THE PART 1 (a) 19 WAS A PERFORMANT CONTRIBUTION CONTRIBUTION CONTRIBUTION OF THE PART 1 (a) 19 WAS A PERFORMANT CONTRIBUTION CONTRIBUTION OF THE PART 1 (a) 19 WAS A PERFORMANT CONTRIBUTION CONTRIBUTION OF THE PART 1 (a) 19 WAS A PERFORMANT CONTRIBUTION OF THE PART 1 (a) 19 WAS A PERFORMANT CONTRIBUTION CONTRIBUTION OF THE PART 1 (a) 19 WAS A PERFORMANT CONTRIBUTION C		(Type or print)	THOMAS	5 MEDFOR	D SPEDDEN			DEATH	May 2				19 61
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during most of warking life, even if ret red) contractor & builder CONTRACTOR & BUILDER Md. 13. FAHER'S NAME Thomas Spedden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 213-10-0663 16. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate course (a), stoling the under-lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT CONTRIBUTING CAUSE OF DEATH (c) CONTRACTOR & BUILDER Md. U.S. 14. MOTHER'S MAIDEN NAME Nettie Thomas INFORMANT Address HOSPITAL PERFORMANT INFORMANT Address CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A PERFORMANT PROPERTY OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	1	male	white "	VIDOWED K	DIVORCED [11/17/	05		55 yrs	14(0/11/13	Ddys	HOUES	Min.
CONTRACTOR & BULLDER Md. 13. FATHER'S NAME Thomas Spedden 14. MOTHER'S MAIDEN NAME Nettie Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 213-10-0663 16. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. Conditions, if ony, which gove rise to immediate couse (o), straining the underlying couse (o), straining the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19 WAS A CULE Brain Syndrome assoc. with metabolic disturbance, asthmatic crisis CONTRACTOR & BULLDER Md. 14. MOTHER'S MAIDEN NAME NETTE THOMAS NOTICE THOMAS INFORMANT HOSPITAL THOMAS INFORMANT Address HOSPITAL THOMAS INFORMANT Address HOSPITAL THOMAS INTERVAL BET ONSET AND ONSET AND ONSET AND ONSET AND INTERVAL BET ONSET AND ONSET AND ONSET AND ONSET AND ONSET AND ONSE	1	100. USUAL OCCUPATION (Give kind of work dar	ne 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or fo	areign cour	ilry)	12 CIT	IZEN OF	WHATC	OUNTRY?
Thomas Spedden 15 WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO 213-10-0663	10	contractor &	builder	CONTRA	ACTOR & BU	eliper m	d.			1	J.S.		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address	13												
(15 yes., gave wax or dates of service) 213-10-0663 Hospital records		Thomas Spec	den			Netti	e Thom	na s					
18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL D.SEASE CONDITION GIVEN .N PART 1(a) 19 WAS A PERFORM PROPERTY OF CONTRIBUTING OF CONTRIBUTION O					SECURITY NO	NFORMANT			Add	ress			
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PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Coronary Thrombosis	=	18. CAUSE OF DEATH	[Enter only one caus	e per line for (a)	. (b), and (c).1	*					INTE	RVAL BE	TWEEN
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19 WAS A PERFORM TO ACUTE Brain Syndrome assoc. with metabolic disturbance, asthmatic crisis 1200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CONTRIBUTION TO			under-										
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20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Land 10 foctory, street, office bldg., etc.) (County)			CAUSE OF DEATH DICAL EXAMINER)	JB. DESCRIBE HC	JW INJURY OCCURR	D (Enter nature of the	ninth is Lott	I OF FORT I	or item (6.)				
Hour a m (while Met while Todiory, street, office blod., etc.)	40	20c TIME OF INJURY	Manth, Day, Year					20f. (City a	r town)	(County)		(State)
P. m. 19 of work of work	69	Hour a.m.	19		t wuite	clory, street, onice b	lag., erc.)						
21. I certify that I attended the deceased from June 25, 1954, to May 25, 1951, that I last saw the de			1 attended the d	leceased fram	mily no 24	1054	who .	14 12 K	10/11	their total	154	الم حطف	00000
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SIGNATURE M.D. D.		SIGNATURE /	6-33-463-	J. J. Sandy . M.		W.D. Tre piero	TIO PDT.	. رسون	OGHIDT TO	652.3	KA •		
PHYSICIAN'S NAME (Type) Thomas J. Dredge			omag I Do	odao	0					0+	7 7	74	7
TO BURIAL, CREMATION, 220, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (C ty town, or color) at a state of control of the con	7				AME OF CEMETERY	O CREMATORY	224	LIOCATE	IN IC ty James	or foundation		1814	1
MOVAL Specify My 27/1 SDEDDEN VENETRY OF CHAPTER OF CHA	1		Mnuz	7/10	DE DO	SNO -N	FIRE	1	Ampl	7,77	工工		
23 FUNERAL D BECTOR'S SIGNATURE ADDRESS 240 REGISTRAR 246 REGISTRAR'S SIGNATURE	2	23 FUNERAL D RECTOR'S SI	GNATURE	AD	DIFESS	- C = 11/2	40 PEC'D B	PEGISTRA	R 24b REGI	STRAR'S SI	GNATH	RÉ .	-
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	RURAL and give nec	rest town)								er and flive i	neurest row	n1
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	d. NAME OF HOSPITA	L [If not in hospital, give :	street oddress)			d. STREET ADDRESS					e. 15 RE	SIDENCE A FARM?
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6	3. NAME OF	Fint		Middle		Lost	4. DATE		Month		Day	Year
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J							rosi	e Mill				
	(Yas no or unknown)								_			
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	PART I. DEAT	H WAS CAUSED BY:	This	A-P-CI	1	to al	118.1	Veer	0	0	NZET AND	DEATH
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		CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOV	A INTORA OCCURR	(ED. (En	ier noture of injury ii	n Pori I of P	off II of item 1	p.)			
	3 20c TIME OF INJURY	Month, Day, Year	20d. INJURY OC	CURRED 20e I	PLACE O	F INJURY (Home, for	rm. 20f. (C	ity or tawn)		(Count	ly)	(State)
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	SIGNATURE	100	2 7 6		M.D.	- 104-	70	دددي	Y	\mathcal{O}_{A}	7	191,
	PHYSICIAN'S 1	11/1/	1654			10,	O 5	>		1 .		161
b. COUNTY Dorchester b. COUNTY Dorchester b. COUNTY Dorchester c. LENGTH OF STAY IN 16 RURAL ond give nevered town. RUTEL—Cambridge d. NAME OF CONTRIBUTION (I boulded corporate limits, write RURAL and give neveres town) RUTEL—Cambridge d. NAME OF CONTRIBUTION (I boulded corporate limits, write RURAL and give neveres town) RUTEL—Cambridge d. NAME OF CONTRIBUTION (I boulded corporate limits, write RURAL and give neveres town) RUTEL—Cambridge d. NAME OF CONTRIBUTION (I boulded corporate limits, write RURAL and give nevers town) RUTEL—Cambridge d. STRET ADDRESS d. STRET ADDRESS d. STRET ADDRESS REFD 2 A. DATE OF RITH May 3, 19 61 S. SER G. COLOR OR RACE T. MARRED D. NEVER MARRED D. NO ACCIDENT MAY 3, 19 61 S. SER G. COLOR OR RACE T. MARRED D. NO EVER MARRED D. NO CONTRIBUTION (I boulded in the limit of low of limits) Female Negro MOONED D. NO CONTRIBUTION (I bound of limits) No USAL OCCUPATION (I bound of limits) Laborer 100- USALA OCCUPATION (I bound of limits) Laborer 101- MARDIA COLOR OR RACE TO MARRED D. NO CONTRIBUTION (I bound of limits) Laborer 102- MARDIA COLOR OR RACE TO MARRED D. NO CONTRIBUTION (I bound of limits) Laborer 103- FATHER'S NAME WIlliam Cook 114- MOTHER'S MADDEN NAME ROSIE WHITTING TO WAS AUTOPSY TO CONTRIBUTION (I bound of limits) ROSIE WHITTING TO COUNTRY (I bound of limits) NO USAL OCCUPATION (I bound of limits) ROSIE WHITTING OF WAS AUTOPSY TO CONTRIBUTION (I bound of limits) NO USAL OCCUPATION (I bound of limits) ROSIE WHITTING OF WAS AUTOPSY TO CONTRIBUTION (I bound of limits) ROSIE WHITTING TO COUNTRY (I bound of limits) ROSIE WHITTING OF WAS AUTOPSY TO CONTRIBUTION (I bound of limits) ROSIE WHITTING OF WAS AUTOPSY TO CONTRIBUTION (I country Month, Doy, Veor Local Market Developed of limits) ROSIE WHITTING OF WAS AUTOPSY TO CONTRIBUTION (I country Month, Doy, Veor Local Market Developed of work in limits) ROSIE WHITTING OF LOCAL SECURITY OF LOCAL												
		, 22b. DATE THEREOF	22c. NA/	ME OF CEMETERY	OR CRE	MATORY	22d LOC	ATION (City, 1	OWN, OF C	ounty)	(Sto	fe)
		5/7/1961	Cr.	oss Roa	ds	Cemetery	Do	rchest	er	Count	y. M	d.
	23. FUNERAL DIRECTOR'S	SIGNATURE .										
	Mer Liex III	WALL.izs	- Zi.	Cambrio	lge.	Md. DATE	MAY 1 2	'61	Clar	Lung & H		
											COLUMN TO SERVICE STATE OF THE PARTY OF THE	

TO FUNE VS A15 (4) ISM 9/5S



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

Middle

DIVORCED T

Farming

c. LENGTH OF STAY IN 16

Life

10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

201-05-6586

20b. DESCRIBE HOW INJURY OCCURRED. (Ente

20d. INJURY OCCURRED

Not while

at work

MARYLAND

CERTIFICATE OF DEATH

o. STATE

Thomas

17. INFORMA

Mrs.

20e. PLACE OF foctory, st

M.D.

8. DATE OF BIRTH

April

d. STREET ADDRESS

Last

25.

Dorchester

05561

. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

ON A FARM?

YES NOK

Year

1961

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e		

1 PLACE OF DEATH

Dorchester

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

rarmer

15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO

18. CAUSE OF DEATH [Enter only one couse per line, for (o), (b), and (c).]

DUE TO

DUE TO

Doy. Year

21. 1 certify that (1) (this haspital) attended the deceased fram.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R

While

at wark

Thomas

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)

First

Stephen

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED [T

b. CITY OR TOWN (If outside corporate limits, write

Near Mission

during mast of warking life, even if retired)

RURAL and give nearest town)

Hurlock

Metired

Conditions, if ony, which

gove rise to immediate

couse (a), stoting the underlying couse last.

20c. TIME OF INJURY

220/SIGNATURE

72c. PHYSICIAN'S NAME (Type)

Hour o. m.

p. m.

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month,

saw the deceased alive an Mac

OR INSTITUTION

o. COUNTY

NAME OF

Male

5. SEX

DECEASED

(Type or print)

13. FATHER'S NAME

No

CERTIFICATION

MEDI

death. Page

director, the funeral shauld be fi 2 pup filled Pages 1 aurs after death completely gud physician the attending please 6 as the burial-transit permit. detached far use be

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

08

TO HOSPIT

within even puo remayal, ned by the haspital ar attending physician. dr cremation, ta burial, Health prior af page 3 shauld be the State Board o TO FUNER VR A15 (4) 15M 9/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial					
J.J.Frampton	ignature and	Son,	Fede	ralsburg,	Marylan

14. MOTHER'S MAIDEN NAME	
Milky Ann Earl	
. Daisy M. Thomas, Hurlock, Mary	land
Daisy M. Thomas, Hurlock, Maryland INTERVAL BETWEEN ONSET AND DEATH PROPERTY OF THE PREMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FINDURY (Home, farm, 20f. (City or town) Yes treet, office bldg., etc.) 19.6. (County) (Slate of the date stated above the accurred of 1.45 MP, from the causes and an the date stated above 22b. DATE	
Address Daisy M. Thomas, Hurlock, Maryland INTERVAL BETWEEN ONSET AND DEATH O	
relieuser son	?
OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
Enter noture of injury in Port I or Port II of item 18.)	
	ounty) (Slate)
	that (1) (we) last date stated abave.
Cambridge, Md	
metery Near Turlock, Mary	land (Stote)
070	

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

May

9. AGE (In years

80 yrs

Maryland

Near Mission

4. DATE OF DEATH

Hurlock

b. COUNTY Dorchester

23

Months Days

Month

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	E					
many blan	of part street					
and party and	F . E. J. T.					
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OR ATTENDING PHYSICIA	ned by the haspital ar attend IRECTOR: After this certifica	d be detached far use as the b	prior to burial, crematian, or r
L OR ATTENDING PHYSICIA	bined by the haspital ar attend DIRECTOR: After this certifica	uld be detached for use as the b	r prior to burial, crematian, or r
AL OR ATTENDING PHYSICIA	DIRECTOR: After this certifica	ould be detached far use as the b	or prior to burial, crematian, or r
ITAL OR ATTENDING PHYSICIA	pined by the haspital ar attend DIRECTOR: After this certifica	mould be detached for use as the b	stror prior to burial, crematian, or r
SPITAL OR ATTENDING PHYSICIA	or ained by the haspital or attend DIRECTOR: After this certifica	3 mould be detached far use as the b	gistrar prior to burial, crematian, or r
DSPITAL OR ATTENDING PHYSICIA	be ained by the haspital ar attend N DIRECTOR: After this certifica	e 3 mould be detached for use as the b	egistrar prior to burial, crematian, or r
HOSPITAL OR ATTENDING PHYSICIA	by be ained by the haspital ar attend	ige 3 mould be detached far use as the b	registrar prior to burial, crematian, or r
O HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be prined by the haspital ar attending physician. • FUN DIRECTOR: After this certificate has been significant.	page 3 mould be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death,

VS A1S (4) 15M 9/SS

	MARYL	AND S	TATE DEPART	MENT OF H	EALTH	-BALTI	MORE, 1	8		
	5574		CERTIFIC	CATE OF D	EATH			Rag. Dist. N	10.05	562
PLACE OF DEATH o. COUNTY	Dorcheste	ar	MARYLAND	2. USUAL RESII	Marv7	_	ed. If institution b. COUNTY	Dorch		•
RURAL and give n	(If outside corporate limit		Life	c. CITY OR 1		itside carporole	limits, write RL			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi			d. STREET A		High	Stree	t	e. IS RE	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Ful to		James:	Thompson		4. DATE OF DEATH	Mont Mav	ħ	Doy	Year 1961
sex Male	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTI	Н	9.		Months Day	AR IF UND	ER 24 HRS.
Meca	ON (Give kind of work d rking life, even if retired)	one 10b. Kir	nd of Business or ine	DO:	rches	ter Co	ounty.	12. CITIZEN	USA	T COUNTR
. FATHER'S NAME	ewis Thom	npson		14. MOTHER'S	MAIDEN N	llie	Wilso			
WAS DECEASED EV	ER IN U. S. ARMED FORCE	rrece)	CIAL SECURITY NO. 17.	. INFORMANT Mildre		ompsor	Addr		. Md	
	immediate DUE TO	Ce	erebral He			er dis	ease	6	orterval Briser And	DEATH
PART H. OT			NTRIBUTING TO DEATH B					EN IN PART 1(o	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY OCCUR	RED, (Enter nature a	Einjury in Pe	art I or Port II e	of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Yea 19	While of work [Not while	PLACE OF INJURY (I factory, street, affice	e bldg., etc.)	20f. (City or	town)	(Coun)y)	(State)
actual signature	hat I attended the Ry 20, January 20, Janu	12/03	, and that deo	oth occurred at	1 A.	M, from II	he causes a city or town. Cambri	nd on the d	date stat	
REMOVAL (Specify	5/22/29	F 2	ne. NAME OF CEMETERY		y	Dorch	N (City, lown, o	Count		ile)
EUNERAL DIRECTOR	Helav	1/1	ADDRESS Cambridge	a Mai		BY REGISTRAR		TRAR'S SIGNAT		

